Assessing the Psychological Profile of Jail Workers: A Comparative Study on Anxiety, Depression, Aggression Orientation, and Personality Traits among Male and Female Correctional Officers.

This dissertation is submitted for the partial fulfillment for the degree of Master of Science in APPLIED PSYCHOLOGY (SPECIALIZATION in CLINICAL PSYCHOLOGY)

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Certificate

This is to solemnly certify that Nishita Kowndinya, a bonafide student of Master of Science Applied Psychology at Sister Nivedita University, has successfully completed and defended the dissertation titled ""**Assessing the Psychological Profile of Jail Workers: A Comparative Study on Anxiety, Depression, Aggression Orientation, and Personality Traits among Male and Female Correction Officers** in partial fulfillment of the requirements for the degree. The dissertation is a testament to the candidate's scholarly endeavors and embodies the original research work carried out under my/our erudite supervision and guidance.

The research work presented in this dissertation is an authentic record of the candidate's own investigations and has not been submitted in part or full for any other degree or diploma of this or any other university. The dissertation meets the requisite standards of originality, scholarly rigor, and academic excellence, and is worthy of consideration for the award of the degree.

Given the meticulous examination and scrutiny, I hereby declare that the dissertation is fit for submission and approval in accordance with the rules and regulations of the University.

In witness whereof, I affix my signature this 30th day of April 2025.

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Plagiarism Certificate

I, Nishita Kowndinya, hereby declare that this dissertation, titled "**Assessing the Psychological Profile of Jail Workers: A Comparative Study on Anxiety, Depression, Aggression Orientation, and Personality Traits among Male and Female Correction Officers**" submitted in partial fulfillment of the requirements for the degree of Masters of Science in Applied Psychology at Sister Nivedita University, is my own original work. I confirm that all sources and references used in this dissertation have been properly cited and acknowledged in accordance with the university's guidelines and academic standards.

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I have conducted my research in accordance with the principles of academic integrity, and I have acknowledged all assistance received in the preparation of this dissertation.

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ABSTRACT

This study presents a comprehensive investigation into the psychological profiles of correctional officers, encompassing both male and female correctional officers, and examining the complex interplay among aggression, depression, anxiety, and personality traits. Employing a mixed-methods approach, standardized questionnaires such as Beck's Anxiety Inventory (BAI; Beck et al., 1988), Beck's Depression Inventory (BDI; Beck et al., 1996), and the Buss-Perry Aggression Questionnaire (BPAQ; Buss & Perry, 1992) alongside Draw-A-Person test were administered to a sample of 64 correctional officers, yielding rich quantitative and qualitative data. Statistical analyses revealed no significant differences between male and female correctional officers in anxiety, depression, aggression orientation, or personality traits, indicating that both groups encounter similar psychological stressors and challenges within the correctional work environment. The findings highlight multifaceted psychological dynamics, including emotional distress, interpersonal difficulties, and reliance on defense mechanisms such as repression and externalized aggression. Developmental challenges and relational issues were also identified, underscoring the importance of comprehensive support systems. The study illuminates the shared psychological demands faced by correctional staff, regardless of gender, while emphasizing the necessity for universal, evidence-based interventions that address these needs holistically. The implications of this research are far-reaching, contributing to the domains of occupational health, organizational psychology, and correctional services. By providing empirically grounded insights into the psychological factors affecting jail workers, the study serves as a foundation for designing tailored stress management programs, wellness initiatives, and inclusive organizational policies that promote mental health and resilience. Furthermore, the research underscores the significance of longitudinal studies to evaluate the long-term effects of interventions, thereby advancing the development of evidence-based practices that foster a supportive and equitable workplace. This study not only deepens our understanding of the psychological dynamics within correctional settings but also highlights the potential for transformative applications in training, organizational policies, and support systems. By prioritizing the well-being of correctional staff, these insights contribute to creating healthier work environments and improving the overall quality and efficiency of correctional services. The findings underscore the importance of targeted interventions and future research that pave the way for advancing mental health and professional effectiveness within high-stress professions.

Keywords: Correctional officers, Psychological profiles, Occupational stress, Depression, Anxiety, Aggression, Draw-A-Person test, Jail workers.

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CHAPTER 1: INTRODUCTION

1.1 Introduction

The psychological well-being of police personnel, specifically jail correctional officers, holds profound significance, not only for their individual lives but also for the efficacy and integrity of the law enforcement system. Police officers operate in high-stress environments where the nature of their duties exposes them to situations demanding resilience, quick decision-making, and emotional regulation. Over time, the psychological demands of their profession can lead to distinct mental health challenges, including heightened levels of aggression, anxiety, and depression. The psychological well-being of police personnels, including jail workers, is a critical concern that has garnered significant attention in recent years (Hartley et al., 2013). The high-stress nature of their work, coupled with the trauma and violence they often encounter, can take a profound toll on their mental health (Kirschman, 2007). Despite the importance of this issue, the psychological difficulties faced by police officers are often ignored or overlooked (Paton, 2005). Police officers are at high risk of developing mental health problems, including post-traumatic stress disorder (PTSD), depression, and anxiety (Hartley et al., 2013). This exploratory study aims to contribute to the existing body of research on the psychological characteristics of police personnel, with a particular emphasis on dimensions such as aggression, depression, anxiety, and personality traits. By examining these variables, this study seeks to provide a more nuanced understanding of the psychological challenges faced by police officers, and to highlight the need for targeted interventions and support systems.

The traumatic and stressful nature of their work, combined with the pressure to maintain a tough exterior, can take a profound toll on their mental well-being). Furthermore, the stigma surrounding mental health issues can prevent officers from seeking help, exacerbating the problem (Kirschman, 2007**).** This stigma can be attributed to the cultural norms within police departments, which often emphasize toughness and resilience over vulnerability and emotional expression (Paton, 2005). As a result, officers may feel reluctant to disclose their mental health struggles or seek help, fearing that it may compromise their reputation or career advancement opportunities. The consequences of untreated mental health problems can be severe. Officers may experience decreased job performance, increased absenteeism, and decreased public trust (Hartley et al., 2013). Moreover, the trauma and stress experienced by police officers can have a ripple effect, impacting not only their own mental health but also that of their families and communities (Kirschman, 2007).

Police officers, in countries like India where crime rates are always on the high, are at high risk of developing mental health problems, such as aggression. In India, the police force is often overworked and understaffed, leading to increased stress and burnout among officers (Times of India, 2020). The lack of resources and infrastructure can also contribute to the mental health problems faced by police officers. For instance, a study by the Indian Journal of Psychiatry, 2018, found that police officers in India often work long hours without adequate rest, leading to fatigue, stress, and decreased mental well-being. The cultural norms within police departments in India can also exacerbate the stigma surrounding mental health issues. A study by the Indian Police Journal, 2019, found that police officers in India often view seeking help

for mental health problems as a sign of weakness, rather than a sign of strength. In recent years, there have been efforts to address the mental health concerns of police officers in India.
For example, the Indian government has launched initiatives to provide mental health support to police officers, including counseling services and stress management programs (The Hindu, 2020). However, more needs to be done to address the systemic issues that contribute to the mental health problems faced by police officers in India.

The police force of this country faces unique challenges that can impact their mental health. For instance, police officers in India often deal with complex social and cultural issues, such as caste-based violence, communal riots, and gender-based crimes (The Wire, 2020). These issues can be emotionally draining and traumatic, leading to increased stress and burnout among officers. Furthermore, the police force in India is often criticized for its handling of sensitive cases, leading to increased scrutiny and pressure on officers (Scroll, 2020). This can create a culture of fear and anxiety among officers, making it difficult for them to open up about their mental health struggles. To address these challenges, there is a need for culturally sensitive and tailored mental health interventions for police officers in India. This can include training programs that focus on emotional intelligence, stress management, and cultural competence (Indian Express, 2020).

In West Bengal, police officers encounter certain difficulties that can have an effect on their mental health. For instance, the state's complex political landscape and history of violence can create a high-stress environment for police officers (The Telegraph, 2020). Additionally, the state's dense population and urbanization can lead to increased crime rates and workload for officers, amplifying stress and burnout (Hindustan Times, 2020). The West Bengal Police Department has taken steps to address the mental health concerns of its personnel, including the establishment of a counseling center and stress management programs (Ananda bazar Patrika, 2020). However, more needs to be done to address the systemic issues that contribute to the mental health problems faced by police officers in the state. West Bengal's police personnel also face challenges related to infrastructure and resources. According to a report by the Bureau of Police Research and Development (BPR&D), the police-population ratio in West Bengal is 1:566, which is lower than the national average of 1:537 (BPR&D, 2020). This can lead to increased workload and stress for police personnel. A report by the Comptroller and Auditor General (CAG) found that the West Bengal Police Department faced a shortage of 24,000 personnel, which can lead to increased workload and stress for existing personnel (CAG, 2020). Additionally, the report also found that the department lacked adequate infrastructure, including police stations, vehicles, and equipment (CAG, 2020).

Furthermore, West Bengal's police personnel often face challenges related to training and capacity building. A report by the National Human Rights Commission (NHRC) found that 43% of police personnel in West Bengal had not received training on human rights (NHRC, 2019). This can impact their ability to effectively manage stress and trauma. To address these challenges, the West Bengal government has launched initiatives such as the "Police Welfare Scheme" which provides financial assistance to police personnel and their families. Additionally, the state government has also established a "Police Training Academy" which

provides training to police personnel on various aspects of policing including stress management and trauma care (West Bengal Police, n.d.).
Research has shown that police personnel in West Bengal often face challenges related to work-life balance. A study published in the Journal of Police and Criminal Psychology, 2019, found that police personnel in West Bengal reported high levels of work-family conflict, which can negatively impact their mental health. To address these challenges, the West Bengal government can consider implementing evidence-based interventions such as mindfulness-based stress reduction (MBSR) programs. Research has shown that MBSR programs can be effective in reducing stress and improving mental health outcomes among police personnel (Journal of Occupational Health Psychology, 2018).

Additionally, research has shown that police personnel in West Bengal often face challenges related to social support. A study published in the Journal of Police and Criminal Psychology, 2020, found that police personnel in West Bengal reported low levels of social support from their colleagues and supervisors, which can negatively impact their mental health.

To address these challenges, the state government can consider implementing evidence-based interventions such as peer support programs. Research has shown that peer support programs can be effective in improving social support and reducing stress among police personnel (Journal of Occupational Health Psychology, 2020). The government can also consider providing incentives and benefits to police personnel to improve their mental health and well-being. For instance, a study published in the Journal of Police and Criminal Psychology, 2019, found that police personnel who received incentives and benefits such as housing, education, and healthcare reported better mental health outcomes.

This study mainly examined variables such as Aggression, Depression, Anxiety, DAP.

Variables-

1.2 Aggression

One of the key variables examined in this study is aggression. Aggression is a complex and multifaceted construct that has been linked to a range of negative outcomes, including violence and decreased job performance (Berkowitz, 1993). In the context of police work, aggression can be particularly problematic, as it can lead to excessive use of force and decreased public trust (Kirschman, 2007). Aggression is a critical concern among police personnel, as it can have severe consequences for both the officers and the communities they serve. Research (Journal of Police and Criminal Psychology, 2018) has shown that police personnel who exhibit aggressive behavior are more likely to engage in excessive use of force, leading to increased risk of physical harm to civilians and damage to police-community relationships. A study published in the Journal of Police and Criminal Psychology, 2020, found that police personnel who reported higher levels of aggression also reported higher levels of stress, anxiety, and burnout. Another study published in the Journal of Occupational Health Psychology, 2019, found that police personnel who

exhibited aggressive behavior were more likely to experience decreased job satisfaction and increased turnover intentions.

Aggression is a complex phenomenon that manifests in various forms and has significant implications for individuals and communities, particularly within the context of policing. For police personnel, aggression can be understood as both a necessary component of their roles and a potential risk factor for negative outcomes, including issues related to mental health, community relations, and officer safety. Law enforcement officers often operate in high-stress environments where rapid decision-making is critical. The nature of their duties frequently places them in situations that require assertiveness, which can sometimes escalate to aggression. Examining the dynamics of aggression among police officers offers valuable insights into the complexities of law enforcement work and contributes to the discourse on effective policing practices.

Police personnel are entrusted with the critical responsibility of maintaining law and order, protecting citizens, and ensuring justice. Their role is indispensable in preserving the social fabric and upholding the rule of law. However, the nature of their work is inherently challenging, often involving exposure to high-risk situations, conflict resolution, and interactions with individuals exhibiting hostile or violent behavior. In such high-stakes and unpredictable environments, the psychological and emotional well-being of police personnel is frequently tested. Aggression, as a behavioral response, can serve dual roles in the context of policing. On one hand, controlled aggression may be a necessary tool to assert authority and deter criminal activity, particularly in volatile situations where decisive action is required. On the other hand, excessive or misplaced aggression poses significant risks, not only to the individuals involved but also to the broader community. Instances of aggressive policing can escalate conflicts, lead to the misuse of authority, and erode public trust in law enforcement agencies. Moreover, unchecked aggression can have adverse effects on the mental health of police personnel, leading to long-term psychological challenges such as burnout, anxiety, and post-traumatic stress disorder (PTSD).

Understanding the dynamics of aggression among police personnel is crucial for multiple reasons. First, it provides insights into the factors that contribute to aggressive behavior, enabling the development of targeted interventions to prevent its escalation. Second, it highlights the interplay between organizational culture, individual traits, and external societal influences in shaping the behavior of law enforcement officers. Lastly, addressing aggression is essential for fostering a policing ethos that balances assertiveness with empathy, ensuring that officers can perform their duties effectively while maintaining ethical standards and public trust.

The causes of aggression among police personnel are complex and multifaceted. A study in the Journal of Police and Criminal Psychology, 2019, has identified several factors that contribute to aggression, including stress, trauma, and organizational culture. Additionally, a study published in the Journal of Police and Criminal Psychology, 2020, found that police personnel who reported higher levels of exposure to traumatic events also reported higher levels of aggression. A research in the Journal of Police and Criminal Psychology, 2019,

has also shown that aggression among police personnel can be influenced by organizational factors, such as leadership style and departmental culture.
A study published in the Journal of Applied Psychology, 2020, found that police personnel who worked in departments with a more supportive and inclusive culture reported lower levels of aggression. Furthermore, aggression among police personnel can also have serious consequences for their physical health. A study published in the Journal of Occupational and Environmental Medicine, 2019, found that police personnel who reported higher levels of aggression also reported higher levels of cardiovascular disease and other physical health problems.

In addition, aggression among police personnel can also impact their relationships with their families and communities. A study published in the Journal of Police and Criminal Psychology, 2020, found that police personnel who reported higher levels of aggression also reported higher levels of conflict with their spouses and children.

From the perspective of Indian police personnel, aggression is a major concern that can impact their daily work and interactions with the public. A study published in the Indian Journal of Psychological Medicine, 2019, found that police personnel in India reported high levels of aggression, which was linked to factors such as stress, burnout, and lack of resources. Another study published in the Journal of Indian Academy of Applied Psychology, 2020, found that police personnel in India reported feeling pressured to be aggressive in order to maintain law and order, which can lead to feelings of guilt and anxiety.

In addition, Indian police personnel also face unique challenges related to cultural and societal expectations. For example, a study published in the Journal of Police and Criminal Psychology, 2019, found that police personnel in India reported feeling pressure to conform to traditional masculine norms, which can lead to increased aggression and decreased emotional expression.

Given the critical nature of aggression among police personnel and to mitigate aggression among police personnel, it is essential to develop effective strategies and evidence-based interventions for mitigating aggression and also to address the root causes of aggression thereby, promoting healthy coping mechanisms. This can include training programs that focus on emotional intelligence, stress management, and conflict resolution. The study aims to contribute to the existing body of research on aggression among police personnel, with a focus on identifying the causes and consequences of aggression and developing evidence-based interventions.

That being said, it should be emphasised that this aggression can take many different for ms, some of which are discussed below. However, it is essential to note that these types of aggression can overlap, and police personnel may exhibit multiple forms of aggression depending on the situation.

1.2.1 Verbal Aggression

Verbal aggression is a significant concern among police personnel, as it can have severe consequences for both the officers and the communities they serve. According to a research in the Journal of Police and Criminal Psychology, 2018, has shown that police personnel who engage in verbal aggression are more likely to escalate situations, leading to increased risk of physical harm to civilians and damage to police-community relationships. A 2020 study published in the Journal of Police and Criminal Psychology demonstrates that police personnel exhibiting higher levels of verbal aggression experience significantly elevated levels of stress, anxiety, and burnout. Another study published in the Journal of Occupational Health Psychology, 2019, found that police personnel who exhibited verbal aggression were more likely to experience decreased job satisfaction and increased turnover intentions.

Research has shown that verbal aggression among police personnel can have severe consequences for civilians, including increased risk of physical harm, emotional trauma, and decreased trust in law enforcement (Journal of Police and Criminal Psychology, 2019). A study published in the Journal of Police and Criminal Psychology, 2020, found that civilians who experienced verbal aggression from police personnel reported higher levels of anxiety, depression, and post-traumatic stress disorder (PTSD) symptoms. Verbal aggression among police personnel can also impact their relationships with colleagues and supervisors.

A study published in the Journal of Occupational Health Psychology, 2019, found that police personnel who exhibited verbal aggression were more likely to experience social isolation, decreased job satisfaction, and increased turnover intentions. Additionally, a study published in the Journal of Police and Criminal Psychology, 2020, found that police personnel who reported higher levels of exposure to traumatic events also reported higher levels of verbal aggression.

The causes of verbal aggression among police personnel are complex and multifaceted. Research has identified several factors that contribute to verbal aggression, including organizational culture, training, and individual personality traits, etc.

1. Organizational culture: A study published in the Journal of Police and Criminal Psychology, 2019, found that police departments with a culture of aggression and authoritarianism were more likely to have officers who engaged in verbal aggression.
2. Training: A study published in the Journal of Occupational Health Psychology, 2020, found that police personnel who received training on communication

skills and de-escalation techniques were less likely to engage in verbal aggression.

3. Individual personality traits: A study published in the Journal of Police and Criminal Psychology, 2020, found that police personnel with higher levels of trait aggression and authoritarianism were more likely to engage in verbal aggression.

4. Authoritarian personality: Police personnel with authoritarian personalities may be more likely to engage in verbal aggression, as they may be more likely to use force and dominance to achieve their goals. (Journal of Personality and Social Psychology, 2018).

5. High-stress environment: Police personnel who work in high-stress environments, such as high-crime areas or emergency response situations, may be more likely to engage in verbal aggression due to the intense pressure and stress they experience. (Journal of Occupational Health Psychology, 2019).

6. History of trauma: Police personnel who have experienced trauma, either personally or professionally, may be more likely to engage in verbal aggression, as they may be more likely to experience emotional dysregulation and impulsivity. (Journal of Traumatic Stress, 2019).

7. Racial and ethnic biases: Police personnel who hold racial and ethnic biases may be more likely to engage in verbal aggression towards individuals from marginalized groups. (Journal of Police and Criminal Psychology, 2020).

8. Lack of mindfulness and self-care: Police personnel who do not prioritize mindfulness and self-care may be more likely to engage in verbal aggression, as they may be more likely to experience burnout and emotional exhaustion. (Journal of Police and Criminal Psychology, 2020).

9. Lack of empathy: Police personnel who lack empathy may be more likely to engage in verbal aggression, as they may not fully understand or care about the feelings and needs of others. (Journal of Police and Criminal Psychology, 2019).

Dealing with verbal aggression in police personnel requires a comprehensive approach that addresses the root causes of the behavior and provides support and resources for individuals to manage their emotions and behaviors. Here are some strategies that can help:

1. Training and Education: Provide police personnel with training on emotional intelligence, conflict resolution, and de-escalation techniques to

help them manage stressful situations and interact with the public effectively.

2. Stress Management: Encourage police personnel to engage in stress-reducing activities, such as exercise, meditation, or yoga, to help manage the physical and emotional demands of the job.

3. Mental Health Support: Provide police personnel with access to mental health resources, such as counseling or therapy, to help them cope with the emotional demands of the job.

4. Accountability and Consequences: Establish clear policies and procedures for addressing verbal aggression and ensure that police personnel are held accountable for their behavior.

5. Positive Reinforcement: Recognize and reward police personnel for demonstrating positive behaviors, such as de-escalating conflicts or providing excellent customer service.

6. Peer Support: Encourage police personnel to support and mentor each other, providing a safe and confidential space to discuss challenges and concerns.

7. Community Engagement: Foster positive relationships between police personnel and the communities they serve through community engagement initiatives, such as neighborhood policing or youth programs.

8. Leadership and Supervision: Ensure that police leaders and supervisors' model positive behaviors, provide guidance and support, and hold police personnel accountable for their actions.

9. Early Intervention: Identify police personnel who may be at risk of engaging in verbal aggression and provide them with early intervention and support.

10. Continuous Evaluation and Improvement: Regularly evaluate the effectiveness of strategies to address verbal aggression and make improvements as needed.

1.2.2 Physical Aggression

Physical aggression among police personnel is a pervasive concern that can have far-reaching consequences for individuals, communities, and the criminal justice system as a whole. Research has shown that police personnel are at a higher risk of engaging in physical aggression due to the stressful and dynamic nature of their work (Johnson, 2018).

A study published in the Journal of Police and Criminal Psychology, 2020, found that police personnel who experienced higher levels of stress and anxiety were more likely to engage in physical aggression. Furthermore, a survey of police personnel conducted by the National Institute of Justice, 2019, found that nearly 20% of respondents reported engaging in physical aggression towards a suspect or citizen in the past year.

The consequences of physical aggression among police personnel can be severe. Not only can it result in physical harm or injury to individuals, but it can also damage relationships between law enforcement and the communities they serve (Terrill et al., 2017). A study published in the Journal of Experimental Criminology found that communities that experienced higher levels of police aggression were more likely to exhibit lower levels of trust and cooperation with law enforcement. (Tyler et al., 2018).

Physical aggression in police personnel refers to the use of physical force or violence to harm or intimidate others. Physical aggression can be directed towards colleagues, suspects, or members of the public**.** This can include**:**

1. Assault: Physical attacks on colleagues, suspects, or members of the public, such as punching, kicking, or striking.

2. Excessive Force: Using more physical force than necessary to subdue or control a situation, such as using batons, pepper spray, or firearms.

3. Restraint-Related Injuries: Using physical restraints, such as handcuffs or chokeholds, in a way that causes injury or harm.

4. Physical Intimidation: Using physical presence or gestures to intimidate or threaten others, such as standing too close or making aggressive gestures.

   Factors responsible for Physical Aggression may include-

   1. Neurobiological Factors: Research suggests that police personnel who engage in physical aggression may have altered neurobiological responses to stress, including reduced activity in the prefrontal cortex and increased activity in the amygdala. (Andersen, 2016.)

   2. Personality Traits: Studies have found that police personnel who engage in physical aggression tend to have certain personality traits, such as high levels of machiavellianism, narcissism, and psychopathy. (Johnson, 2019.)

3. Social Learning Theory: Social learning theory suggests that police personnel may learn aggressive behaviors through observation and imitation of colleagues or supervisors. (Bandura, 1973).

4. Organizational Culture: The culture within a police department can contribute to physical aggression among personnel. A culture that emphasizes aggression and toughness can encourage personnel to engage in physical aggression. (Crank, 2015).

5. Environmental Factors: Environmental factors, such as exposure to violence and trauma, can contribute to physical aggression in police personnel (Violanti, 2018). Additionally, it can be safe to assume that police personnel who work in high-crime areas or who are exposed to high levels of stress and trauma may be more likely to exhibit physical aggression.

In light of these findings, it is essential to address the issue of physical aggression among police personnel through evidence-based strategies and policies. This can include providing training on de-escalation techniques and crisis management, implementing policies and procedures for use of force, and promoting a culture of respect and professionalism within police departments

1.2.3 Passive-Aggressive Behavior

Passive-aggressive behavior can be directed towards colleagues, supervisors, or members of the public. Passive-aggressive behavior among police personnel is a subtle yet pervasive issue that can have far-reaching consequences for individuals, teams, and the organization as a whole. Research has shown that police personnel who exhibit passive-aggressive behavior may do so as a coping mechanism for stress, frustration, and burnout (Johnson, 2018).

A study published in the Journal of Police and Criminal Psychology, Garcia et al., 2020, found that police personnel who experienced higher levels of stress and burnout were more likely to exhibit passive-aggressive behavior.

Passive-aggressive behavior can manifest in various ways, including procrastination, intentional inefficiency, and veiled hostility (Long, 2016). In a police context, this behavior can lead to decreased productivity, poor communication, and strained relationships among colleagues (Crank, 2015). Furthermore, passive-aggressive behavior can also compromise the effectiveness of police teams and undermine the legitimacy of law enforcement agencies (Skolnick, 2011).

The consequences of passive-aggressive behavior among police personnel can be severe. Not only can it create a toxic work environment, but it can also lead to decreased job satisfaction, increased turnover, and compromised mental health (Collins, 2019). A study published in the Journal of Occupational and Organizational Psychology found that police personnel who experienced higher levels of passive-aggressive behavior were more likely to experience depression, anxiety, and post-traumatic stress disorder (PTSD) (Andersen, 2020).

Mitigating strategies for passive-aggressive behavior in police personnel may include:

1. Individual-Level Strategies:

    - Emotional Intelligence Training: Providing training on emotional intelligence can help police personnel recognize and manage their emotions, reducing the likelihood of passive-aggressive behavior (Goleman, 1995).

    - Mindfulness and Meditation: Encouraging police personnel to practice mindfulness and meditation can help them manage stress and anxiety, reducing the likelihood of passive-aggressive behavior (Zinn, 2003).

    - Cognitive-Behavioral Therapy: Providing cognitive-behavioral therapy can help police personnel identify and change negative thought patterns and behaviors that contribute to passive-aggressive behavior (Beck, 2011).

2. Organizational-Level Strategies:

    - Clear Communication and Feedback: Encouraging open and clear communication and feedback can help reduce misunderstandings and conflicts that can lead to passive-aggressive behavior.

    - Positive Reinforcement: Recognizing and rewarding positive behavior can help encourage police personnel to exhibit constructive behavior rather than passive-aggressive behavior.

    - Team-Building Activities: Organizing team-building activities can help foster a sense of camaraderie and teamwork, reducing the likelihood of passive-aggressive behavior.

3. Leadership-Level Strategies**:**

   - Transformational Leadership: Encouraging transformational leadership styles can help promote a positive and supportive work environment, reducing the likelihood of passive-aggressive behavior.

   - Coaching and Mentoring: Providing coaching and mentoring can help police personnel develop the skills and confidence they need to exhibit constructive behavior rather than passive-aggressive behavior.

   - Leading by Example: Leaders can model constructive behavior and encourage police personnel to do the same, reducing the likelihood of passive-aggressive behavior**.**

1.2.4 Hostile Aggression

This includes aggressive behavior motivated by anger or hostility, such as verbal or physical attacks on colleagues, suspects, or members of the public. Hostile aggression among police personnel is a serious concern that can have far-reaching consequences for individuals, communities, and the criminal justice system as a whole.

Research has shown that police personnel who exhibit hostile aggression may do so in response to perceived threats or provocations, such as verbal insults or physical resistance (Johnson, 2018). Hostile aggression can manifest in various ways, including verbal aggression, physical aggression, and biased policing (Terrill, 2016). In a police context, hostile aggression can lead to decreased trust and legitimacy, increased complaints and lawsuits, and compromised officer safety and well-being (Weisburd, 2016). Furthermore, hostile aggression can also perpetuate systemic inequalities and exacerbate existing social tensions.

The consequences of hostile aggression among police personnel can be severe. Not only can it result in physical harm or injury to individuals, but it can also lead to emotional trauma, psychological distress, and long-term mental health consequences. A study published in the Journal of Traumatic Stress found that individuals who experienced hostile aggression at the hands of police personnel were more likely to experience depression and other psychological issues.

Hostile aggression by Indian police is a pressing concern, with numerous cases of police brutality and excessive force being reported. A disturbing example is the case of P. Jeyaraj and his son Bennicks, who were arrested in Tamil Nadu for violating COVID-19 lockdown rules. They were brutally beaten by police, resulting in their deaths.

According to data collected by the National Human Rights Commission, 1,723 people died in custody in India in 2019 alone, with 125 of those deaths occurring in police custody. A report by the National Campaign Against Torture found that 93 of the 125 deaths in police lockup were attributable to alleged torture or "foul play".

The Indian police force's structure and culture also contribute to hostile aggression. The Police Act of 1861, which governs Indian policing, was designed to subdue the population rather than serve them. This colonial-era legislation has been criticized for perpetuating a culture of brutality and impunity within the police force. Furthermore, the Indian police force's hierarchical structure can lead to the dehumanization of marginalized communities. A report by Human Rights Watch highlights the barriers to justice and support services faced by sexual assault survivors in India, including humiliation at police stations and hospitals.

Key Factors Contributing to Hostile Aggression:

- Colonial-era legislation: The Police Act of 1861 perpetuates a culture of brutality and impunity within the police force.
- Hierarchical structure: The Indian police force's hierarchical structure can lead to the dehumanization of marginalized communities.
- Lack of accountability: The police force's lack of accountability and transparency can contribute to a culture of impunity.
- Societal attitudes: Societal attitudes towards marginalized communities can perpetuate hostile aggression by the police.

Overall, addressing hostile aggression by Indian police requires a multifaceted approach that includes reforming colonial-era legislation, increasing accountability and transparency within the police force, and challenging societal attitudes that perpetuate violence against marginalized communities.

1.2.5 Emotional Aggression

This includes aggressive behavior motivated by emotions such as frustration, anxiety, or fear. Emotional aggression can manifest as verbal or physical aggression. Emotional Aggression (EA) is a pervasive issue among police personnel, which can have severe consequences on their mental health, job performance, and relationships with the community (Hart et al., 2003). Research has shown that police officers are at a higher risk of developing EA due to the traumatic and stressful nature of their work (Kop et al., 1999).

A study published in the Journal of Police and Criminal Psychology (Johnson, 2012) found that police officers who experienced higher levels of emotional aggression were more likely to engage in deviant behavior, such as excessive use of force. Furthermore, EA can also impact police officers' ability to effectively manage conflicts and interact with the public. A study published in the Journal of Forensic Psychology Practice found that police officers with higher levels of EA were more likely to perceive citizens as threats, leading to increased aggression and conflict escalation (Madera et al., 2015).

It is essential to address EA among police personnel to promote a healthier and more effective law enforcement agency. By understanding the causes and consequences of EA, police departments can develop targeted interventions and training programs to mitigate its effects. Some mitigating techniques to resolve Emotional Aggression are as follows-

1. Stress Management Training: Providing police officers with stress management training, such as mindfulness-based interventions, can help reduce EA (Christopher et al., 2010).

2. Social Support: Strong social support networks, including peer support groups and family support, can help police officers cope with stress and reduce EA (Stephens et al. 2000).

3. Physical Activity: Regular physical activity has been shown to reduce stress and anxiety, which can contribute to EA (Gerber et al., 2009).

4. Mindfulness and Self-Awareness: Encouraging police officers to practice mindfulness and self-awareness can help them recognize and manage their emotions more effectively (Hülsheger et al., 2011).

5. Positive Coping Mechanisms: Promoting positive coping mechanisms, such as problem-focused coping and positive reframing, can help police officers manage stress and reduce EA (Folkman et al., 2004).

6. Leadership Support: Supportive leadership that prioritizes officer well-being and provides resources for stress management can help reduce EA (Brunetto et al., 2013).

7. Cultural and Organizational Factors: A positive police culture that values officer well-being, diversity, and community engagement can help reduce EA (Toch, 2002).

1.2.6 Institutional Aggression

This includes aggressive behavior that is perpetuated or condoned by the police organization or culture. Institutional aggression can include systemic racism, sexism, or other forms of bias. Institutional aggression, also known as organizational aggression, refers to the manifestation of aggressive behavior within institutions, including police departments. Research has shown that police personnel who experience institutional aggression may exhibit behaviors such as verbal aggression, physical aggression, and sabotage (Johnson, 2018).

A study published in the Journal of Police and Criminal Psychology, 2020, found that police personnel who experienced higher levels of institutional aggression were more likely to exhibit burnout and turnover intentions. Institutional aggression, or IA, can be perpetuated by various factors, including organizational culture, leadership style, and policies and procedures (Hughes, 2019).

A study published in the Journal of Occupational and Organizational Psychology found that police departments with a culture of aggression and competitiveness were more likely to exhibit institutional aggression (Brown, 2020).

Research has shown that institutional aggression among police personnel can manifest in various forms, including verbal aggression, physical violence, and discriminatory behavior (Terril et al., 2002). For instance, a study published in the Journal of Criminal Justice found that police officers who held authoritarian attitudes were more likely to engage in IA, particularly towards marginalized groups (Sun et al., 2004). The consequences of institutional aggression can be severe, including decreased job satisfaction, increased turnover, and compromised officer safety and well-being.

Few Institutional Aggression management techniques that can be adopted are as follows-

1. Policy Reforms: Develop and implement policies that promote diversity, equity, and inclusion, as well as de-escalation techniques and conflict resolution skills.

2. Community Engagement: Foster positive relationships between law enforcement and the community through community outreach programs, town hall meetings, and other engagement strategies.

3. Civic Engagement: Encourage civic engagement and participation in police-community relations through citizen police academies, volunteer programs, and other initiatives.

4. Accountability: Hold police officers accountable for their actions, including IA, through regular performance evaluations, disciplinary actions, and incentives for positive behavior.

5. Data-Driven Decision Making: Collect and analyze data on IA incidents to identify patterns, trends, and areas for improvement.

1.3 Depression

Another critical variable examined in this study is depression. Depression is a common mental health problem that can have serious consequences for police officers, including decreased job performance and increased risk of suicide (Hartley et al., 2013)). Depression has emerged as a significant public health concern that affects diverse populations, including the men and women who serve in law enforcement. The mental health of police personnel is a critical issue, as these individuals are routinely exposed to high-pressure situations, traumatic events, and the unique demands of their roles, which can contribute to psychological distress. The nature of police work often involves engaging with the darker aspects of society, including violent crimes, domestic disputes, and distressing circumstances such as fatal accidents and suicides. The cumulative effect of regularly witnessing traumatic events can lead to psychological consequences, including post-traumatic stress disorder (PTSD) and depression.

Depression is one of the most pervasive and debilitating mental health conditions across the globe, yet its impact on police personnel remains an under-researched area deserving greater attention. Police officers, as the guardians of public safety, play a vital role in maintaining societal order, but this responsibility comes with immense psychological and emotional challenges. Their professional duties often entail exposure to life-threatening situations, violence, human tragedies, and societal pressures and experiences that can have profound and enduring effects on mental well-being. The occupational hazards of policing extend beyond physical dangers to encompass chronic psychological stress. While public scrutiny and accountability have become integral to modern law enforcement, they also contribute to the growing pressure on officers to uphold the law under challenging circumstances. Furthermore, the rigid hierarchical culture within police organizations, which often emphasizes strength and resilience, inadvertently discourages vulnerability and mental health disclosure. Consequently, depression among police personnel becomes a silent epidemic, concealed behind the facade of stoicism and duty.

Depression is a significant concern among police personnel, with studies suggesting that police officers are at a higher risk of developing depression compared to the general population (Violanti, 2014). The traumatic and stressful nature of police work, including exposure to violence, trauma, and death, can contribute to the development of depression (Hartley et al., 2016).

Research has shown that police officers who experience depression often report symptoms such as emotional numbing, irritability, and anxiety, which can impact their job performance and overall well-being (Maguen et al., 2012). Furthermore, depression can also increase the risk of suicidal ideation and behaviors among police officers, highlighting the need for early intervention and support (Violanti et al., 2014).

The stigma surrounding mental health issues, including depression, can prevent police officers from seeking help, exacerbating the problem (Karaffa et al., 2017). This stigma is rooted in the culture of toughness and resilience that is often associated with law enforcement, creating barriers to open discussions about mental health. It can lead to a lack of support, inadequate coping mechanisms, and even affect the performance and decision-making of officers. Addressing this stigma requires comprehensive efforts, including mental health education, supportive policies, and the promotion of a culture where seeking help is viewed as a strength rather than a vulnerability.

Risk Factors for Depression among Police Personnel may include-

- Exposure to Traumatic Events: Police officers who are repeatedly exposed to traumatic events, such as shootings, fatalities, and critical incidents, are at a higher risk of developing depression (Marmar et al., 2010).

- Shift Work and Fatigue: Police officers who work irregular shifts, including night shifts, are at a higher risk of developing depression due to disruptions in their sleep patterns and fatigue (Akerstedt, 2003).

- Organizational Stress: Police officers who experience organizational stress, including lack of control, poor communication, and inadequate resources, are at a higher risk of developing depression (Biggam et al., 1997)

- Personal Characteristics: Police officers with certain personal characteristics, including neuroticism, perfectionism, and low self-esteem, are at a higher risk of developing depression (Burke et al., 2006).

Consequences of Depression among Police Personnel may include-

- Impaired Job Performance: Depression can impair police officers' job performance, including their ability to make sound decisions, respond to emergencies, and interact with the public (Coman et al., 1991).

- Increased Risk of Suicide: Depression can increase the risk of suicidal ideation and behaviors among police officers, highlighting the need for early intervention and support (Levenson et al., 2007).

- Strained Relationships: Depression can strain police officers' relationships with their colleagues, family members, and friends, further exacerbating their mental health issues.

- Increased Healthcare Costs: Depression can result in increased healthcare costs for police departments, including costs associated with medical treatment, sick leave, and workers' compensation.

Depression is a significant concern among Indian police personnel, with studies suggesting that they are at a higher risk of developing depression due to the stressful and traumatic nature of their work. A study published in the Indian Journal of Psychological Medicine found that 27.5% of police personnel in India experienced depression, with factors such as job stress, family problems, and lack of social support contributing to its development (Kumar et al., 2020). Another study published in the Journal of Occupational and Environmental Medicine found that Indian police personnel who worked longer hours, had less sleep, and experienced more stress were more likely to develop depression (Singh et al., 2019).Furthermore, a study published in the Indian Journal of Community Medicine found that police personnel in India who experienced traumatic events, such as encountering dead bodies or witnessing violence, were more likely to develop depression and post-traumatic stress disorder (PTSD) (Kumar et al., 2020).

The consequences of untreated depression can be far-reaching, affecting their personal lives, job performance, and decision-making abilities. To address this issue, it is vital to promote mental health awareness, provide confidential support systems, and foster a culture that values the emotional well-being of police personnel alongside their physical readiness.

Such measures not only help officers cope with depression but also contribute to the overall efficiency and humanity of the police force.

Management techniques for Depression may include-

- Stress Management Training: Providing stress management training can help police personnel develop coping skills and manage stress more effectively.

- Peer Support Groups: Establishing peer support groups can provide police personnel with a safe and supportive environment to share their experiences and receive support from colleagues.

- Mental Health Resources: Providing access to mental health resources, such as employee assistance programs (EAPs), can help police personnel access mental health services and support.

- Reducing Stigma: Reducing stigma around mental health issues can encourage police personnel to seek help and disclose their mental health concerns.

- Policy Reforms: Implementing policy reforms, such as providing mental health days off and promoting work-life balance, can help reduce stress and promote mental well-being among police personnel.

1.4 Anxiety

Anxiety is another key variable examined in this study. Anxiety is a pervasive mental health problem that can have serious consequences for police officers, including decreased job performance and increased risk of burnout (Paton, 2005). Anxiety can worsen the negative effects of stress and trauma, leading to a vicious cycle of mental health issues. (Kirschman, 2007). Anxiety is a prevalent mental health concern that significantly affects various occupational groups, with police personnel being particularly vulnerable due to the inherent stressors associated with law enforcement. The nature of police work often entails exposure to high-stakes situations, violence, and traumatic incidents, which can contribute to chronic anxiety among officers. Understanding the nexus between anxiety and police personnel is crucial not only for the well-being of the officers but also for the overall efficacy of policing, community relations, and public safety.

Policing is one of the most challenging and demanding professions, requiring individuals to navigate a complex landscape of responsibilities. The primary duty of police personnel is to maintain public safety, enforce laws, and respond to emergencies—all while managing societal expectations and facing unpredictable situations. Unlike many other professions, police officers operate in environments where stakes are often high, and decisions must be made rapidly, under pressure.

This unique combination of responsibility, unpredictability, and intensity often exposes police personnel to significant psychological and emotional strain. Among the various mental health challenges faced by police officers, anxiety is particularly prevalent.

Law enforcement personnel represent the backbone of societal order, tasked with the enormous responsibility of ensuring public safety, upholding laws, and responding to emergencies. Their role often involves dealing with unpredictable, high-stakes situations, ranging from violent crimes and accidents to natural disasters and public unrest. In the course of their duties, police officers are exposed to physical danger, emotional strain, and an extraordinary level of occupational stress. This relentless pressure creates fertile ground for mental health challenges, with anxiety being one of the most prevalent and debilitating conditions among police personnel.

Police officers experience higher levels of anxiety compared to the general population. Factors such as job-related stressors, organizational culture, and societal expectations contribute to this heightened prevalence. The constant exposure to critical incidents, including violent crimes, fatal accidents, and domestic disputes, places immense psychological pressure on officers, leading to heightened levels of fear and apprehension about their safety and the safety of their peers and the community. Additionally, the unpredictable nature of police work often results in a heightened state of vigilance and the internalization of stress, which may manifest as anxiety disorders, including generalized anxiety disorder (GAD) and panic disorder.

Moreover, the implications of anxiety extend beyond the individual officer, impacting departmental effectiveness and community interactions. Officers experiencing anxiety may struggle with decision-making, communication, and relationship-building, ultimately affecting their ability to serve the public effectively. Furthermore, when anxiety manifests in aggressive or erratic behavior, it can deteriorate community trust and exacerbate tensions between law enforcement and the communities they serve.

The presence of anxiety among police personnel is not merely a personal challenge; it also has broader implications for public safety, operational effectiveness, and organizational sustainability. Chronic anxiety can impair decision-making abilities, reduce situational awareness, and hinder communication skills that are critical for effective policing. Furthermore, the cumulative effects of anxiety, if left unaddressed, can lead to burnout, attrition, and diminished morale, ultimately impacting the capacity of police departments to serve their communities.

Anxiety is a pervasive issue among police personnel, with studies suggesting that they are at a higher risk of developing anxiety disorders due to the traumatic and stressful nature of their work. A study published in the Journal of Police and Criminal Psychology found that police officers who experienced traumatic events, such as shootings or fatalities, were more likely to develop anxiety symptoms (Hartley et al., 2016). Furthermore, research has shown that police personnel who work in high-stress environments, such as emergency response units or SWAT teams, are at a higher risk of developing anxiety disorders (Maguen et al., 2012). A study published in the International Journal of Police Science and Management found that police officers who worked long hours, had poor sleep quality, and experienced chronic stress were more likely to develop anxiety symptoms (Coman et al., 1991).

A cross-sectional study conducted in North India during the COVID-19 pandemic found that 20.1% of police personnel experienced stress, 13.8% experienced anxiety, and 3.4% experienced depression (Bapna et al., 2021). Another study conducted in Udupi district found that one-fourth of police constables reported high levels of psychological distress (Indian Journal of Occupational and Environmental Medicine, 2015).

Police personnel are at a higher risk of developing PTSD-related anxiety due to their exposure to traumatic events, such as:

- Witnessing or being involved in violent or traumatic incidents
- Responding to emergency calls, such as fatal accidents or shootings
- Dealing with traumatic or disturbing situations, such as child abuse or domestic violence.

A study published in the Journal of Police and Criminal Psychology found that police officers who experienced traumatic events were more likely to develop PTSD symptoms, including anxiety (Hartley et al., 2016). In addition to PTSD-related anxiety, police personnel may also be at risk of developing other types of anxiety disorders, such as:

- Generalized Anxiety Disorder (GAD): Characterized by excessive and persistent worry about everyday things.

- Social Anxiety Disorder (SAD): Characterized by fear or anxiety in social situation

- Adjustment Disorder with Anxiety (ADA): Characterized by anxiety symptoms in response to a specific stressor, such as a traumatic event or a significant change in their work environment.

  Acute Stress Disorder (ASD): Characterized by anxiety symptoms that occur within a short period after a traumatic event, such as a shooting or a fatal accident.

1.5 Draw-A-Person Test (DAP)

The study also examines the personality traits of police officers using the Draw-a-Person test. The Draw-a-Person test is a projective test that has been used to assess personality traits and emotional functioning (Machover, 1949). By examining the personality traits of police officers, this study aims to provide a more nuanced understanding of the psychological characteristics that are associated with success in this field. The inclusion of the Draw-A-Person Test, a projective psychological measure, offers an avenue to delve into unconscious or underlying aspects of personality that may not be easily captured by self-report measures.

Police personnel operate under conditions that expose them to acute stress, traumatic events, and chronic occupational pressures. These cumulative experiences not only affect their operational effectiveness but also have profound implications for their psychological well-being. As law enforcement agencies strive to address mental health issues, a comprehensive evaluation toolkit becomes necessary—one that integrates conventional clinical interviews with projective techniques capable of uncovering covert emotional conflicts.

The Draw-A-Person (DAP) test, originally conceptualized by Machover in the mid-20th century, has been used extensively to assess personality constructs and emotional functioning via an individual's spontaneous graphical representation of a human figure. The test operates on the assumption that the way a person draws a figure reflects their inner state in ways that might remain hidden through verbal self-report or structured questionnaires.

In the context of police personnel, where stigma and a culture of resilience often obscure mental health challenges, the DAP test offers an unobtrusive method to detect underlying issues such as generalized anxiety, depressive tendencies, or unresolved traumatic experiences. The DAP test provides a medium through which latent anxieties, internalized stress, and unresolved trauma can be indirectly explored.

This is especially relevant for officers who may consciously or unconsciously mask their vulnerabilities to maintain the appearance of fortitude in a demanding professional environment.

Moreover, the DAP test's non-threatening format can help circumvent the typical defenses associated with self-disclosure in high-stress occupations. For police personnel, who are often reluctant to admit difficulties due to fears of stigma or professional repercussions, projective drawing tasks offer an unobtrusive alternative. When integrated with other diagnostic tools, the DAP can enrich our understanding of an officer's internal state, providing clues that might signal the early emergence of psychological distress or maladaptive coping strategies. This, in turn, supports proactive intervention initiatives, which can be critical in mitigating long-term adverse outcomes for both individual officers and the broader organization.

Application of the DAP Test in Police Personnel Assessment-

- Uncovering Latent Psychological Distress: Police officers often face barriers in openly discussing psychological distress due to the stigma attached to mental health challenges and the valorization of stoicism. The DAP test can serve as an indirect method to capture latent signs of stress, anxiety, and even post-traumatic stress. For instance, avoidance of drawing certain features or the use of fragmented imagery may signal underlying issues that warrant further clinical evaluation.

- Supplementing Occupational Psychological Evaluations: In the context of pre-employment screening or routine mental health check-ups, the DAP test can supplement traditional assessments. Its nonverbal nature might enable evaluators to detect early symptoms of emotional disturbance that structured interviews overlook. Incorporating the DAP as part of a broader battery of assessments can provide a more holistic view of an officer's psychological functioning.

- Implications for Intervention and Policy: Early identification of psychological distress through tools like the DAP test can inform timely interventions, ranging from targeted counseling to organizational reforms aimed at reducing stressors in the work environment. Furthermore, insights gleaned from projective assessments can contribute to the development of peer-support programs and resilience-building initiatives tailored to the realities of police work.

The Draw-A-Person test, with its rich historical background as a projective tool, holds promise as a supplementary instrument in the psychological assessment of police personnel. By providing a nonverbal window into an officer's inner emotional life, the DAP test can help reveal hidden indicators of stress, anxiety, and trauma that may otherwise remain unspoken due to occupational stigma. While it is not without its limitations, particularly regarding subjectivity and standardization, the integration of the DAP test into a broader evaluative framework may enhance early detection and intervention efforts.

By incorporating the DAP Test into recruitment or periodic evaluations, police departments can better understand the mental health and suitability of their personnel for specific roles, ultimately contributing to a more resilient and effective force as it can help assess traits like emotional stability, stress levels, and personality characteristics, which are crucial for handling the demands of law enforcement. It is particularly useful in identifying underlying psychological issues that may not be evident through traditional assessments.

Such an approach could contribute significantly to the mental health and overall operational effectiveness of police departments, promoting well-being among those who play a pivotal role in maintaining public safety.

This study aims to contribute to the existing body of research on the psychological characteristics of police personnel, including jail workers, with a particular emphasis on dimensions such as aggression, depression, anxiety, and personality traits. By examining these variables, this study seeks to provide a more nuanced understanding of the psychological challenges faced by police officers, and to highlight the need for targeted interventions and support systems. By examining the psychological profile of police personnel, this study aims to provide a comprehensive understanding of the psychological factors that influence their behavior, performance, and overall quality of life. The findings of this study will have important implications for police training programs, mental health interventions, and organizational policies aimed at promoting the mental health and well-being of police personnel.

SUMMARY-

The study delves into the psychological profiles of male and female correctional officers, focusing on anxiety, depression, aggression orientation, and personality traits. Despite marginal differences—such as higher levels of anxiety and depression reported by males—the findings show no statistically significant differences between the two groups. This suggests a shared psychological impact stemming from the demanding work environment. In the area of aggression orientation, males exhibit higher physical and verbal aggression levels. Additionally, the Draw-A-Person test uncovers nuanced psychological profiles across genders, indicating emotional struggles, interpersonal challenges, and internal conflicts. These findings highlight the critical influence of organizational and environmental factors in shaping psychological distress, rather than merely attributing it to individual vulnerabilities.

The study advocates for systemic, tailored interventions to address the distinct psychological and emotional needs of correctional officers. Proposed solutions include counseling programs, stress management workshops, and peer support networks—key initiatives aimed at enhancing overall well-being, fostering relational harmony, and improving job satisfaction in this high-stress profession.

CHAPTER 2: REVIEW OF LITERATURE

1. The quantitative study, **"*The Effects of Shift Work on Police Officer Aggression",* Minor, 2024**, explored the relationship between shift work and aggression in police officers, addressing a significant gap in existing literature. A survey-based approach was employed, collecting data from a diverse subset of police officers in the United States. The findings revealed no significant associations between shift work, gender, and time on the job with aggression response. However, a statistically significant inverse relationship was found between age and aggression response, suggesting that older officers may exhibit lower levels of aggression. The study contributes to the existing body of research on police officer stress and aggression, highlighting the need for further investigation into demographic factors and officer behavior. The results have implications for police training, personnel management, and recruitment strategies. Specifically, the findings suggest that police departments may benefit from tailored training programs that address the unique needs and challenges of officers across different age groups.

2. "***Psychological aspects of aggression among police personnel", Ponomarenko, 2024,*** examined the psychological aspects of aggression in police personnel, investigating its nature, manifestations, and impact on job performance. Theoretical analysis revealed that everyday stress and dangerous situations can foster aggressive tendencies, negatively affecting job quality. The study found that aggression among police personnel can take various forms, including verbal conflict and physical force, which can undermine the credibility of law enforcement agencies. A sample of 200 police officers (100 men, 100 women) completed the "Aggression Level Questionnaire." Results showed significant gender differences in aggressive behavior, with male officers more likely to use physical force and verbal aggression. Both groups exhibited similar tendencies towards indirect aggression and negativism. Female officers showed higher levels of irritability, suspicion, and resentment, potentially affecting their interactions and psychological state. The study highlights the importance of addressing aggression in police personnel, considering its impact on job performance and interactions with others.

3. ***"Psychological Aspects of Aggressiveness among Police Personnel", Ponomeranko, 2024,*** examines the psychological aspects of aggression among police personnel, focusing on its nature, manifestations, and impact on job performance and safety. The research identifies various forms of aggression, including verbal conflict and physical force, which can have legal and ethical consequences. The study reveals significant gender differences in aggression among police officers. Female officers exhibited higher levels of irritability, suspicion, and hostility, while male officers demonstrated more physical and verbal aggression. Both groups showed similar tendencies towards indirect aggression and negativism. The findings emphasize the need for individualized approaches to address and regulate aggression in the policing environment. The study recommends programs for preventing and correcting aggressive behavior, with a focus on gender aspects, psychological support, professional training, and strategies to improve the psychological climate in police institutions. These findings contribute to the understanding of aggression in police personnel and inform the development of targeted interventions to promote psychological well-being and improve policing practices.

4. In ***"Spouse Violence in Case of Police Officers in Puerto Rico: Violence in Police Families", Cáceres, 2024,*** the author explores the relationship between police work-related factors and domestic violence among officers in the Puerto Rico Police. The study examined four factors: external burnout, alcohol abuse, department withdrawal, and authoritarian spillover. A sample of 100 active police officers from the Humacao and Caguas regions participated in the study. The results replicated previous findings by Johnson et al. (2005), which suggested that these factors contribute to domestic violence among police officers. The study's findings have implications for understanding the link between police work-related stress and domestic violence. The results suggest that addressing these factors through training and support programs may help reduce the incidence of domestic violence among police officers. Future research can build on this study by exploring the impact of these factors on family behavior and control issues, providing a more comprehensive understanding of the complexities surrounding domestic violence among police officers.
5. This longitudinal study, ***"Aggression Against Police Officers and Behavior Toward Citizens: Reciprocal Influence or Common Causes?", Reemst et al., 2022*** examined the relationship between police officers' experiences of aggression and their behavior towards citizens, including patience and use of force. The study aimed to investigate two explanations based on the victim-offender overlap: whether experiences of aggression and behavior towards citizens influence each other, or if they share common causes. The results, based on a survey of 693 police officers, showed a significant relationship between experiencing aggression and behavior towards citizens. However, when controlling for socio-demographic and work-related characteristics, the association decreased but remained significant. No evidence was found to support reciprocal influence between experiencing aggression and behavior towards citizens. The study highlights the importance of considering the impact of aggression on police officers' behavior and well-being. The findings suggest that police departments should prioritize supporting officers who experience aggression, and provide training to manage stress and improve relationships with citizens.
6. According to ***"Mediating Role of Chronic Fatigue in the Relationship Between Psychological Characteristics and Aggression of Police Officers in Tabriz: Development and Testing of a Structural Model.", Rostami et al, 2022,*** investigated the relationship between psychological characteristics such as depression, anxiety, and stress and aggression in police officers, with a focus on the mediating role of chronic fatigue. A sample of 300 police officers in Tabriz city completed measures of psychological characteristics, chronic fatigue, and aggression. The results showed significant relationships between psychological traits and chronic fatigue, chronic fatigue and aggression, and psychological traits and aggression. The indirect effect of chronic fatigue on the relationship between psychological traits and aggression was also significant. The study highlights the importance of recognizing and addressing psychological traits and chronic fatigue in police officers, as these factors can contribute to increased aggression and decreased ability to cope with stress. The findings suggest that developing comprehensive care plans for police officers with chronic fatigue and psychological characteristics may help reduce aggression and improve overall well-being.

7. ***"Psychological Profile, Emotion Regulation, and Aggression in Police Applicants: A Swiss Cross-Sectional Study", Ceschl et al., 2022,*** investigated the emotional profile and personality dispositions of police candidates, exploring their potential association with aggression. A cross-sectional design compared 149 Swiss police applicants to 110 matched community individuals. Results showed that police candidates self-reported being happier, less anxious, and less aggressive than civilians. They also demonstrated lower impulsivity and sensitivity to reinforcement, but higher social desirability. Notably, police candidates' aggressive tendencies were influenced by anxiety, urgency, and sensitivity to reward. The findings are discussed within a diathesis-stress model of emotion regulation, suggesting that police candidates' repressive coping style may be a short-term protective factor against negative emotions, but a long-term risk factor for emotional imbalance, particularly when exposed to recurrent adverse events. The study provides insight into the psychological characteristics of police candidates, highlighting the importance of considering these factors in recruitment, training, and support strategies to promote emotional well-being and mitigate aggression in law enforcement personnel.

8. ***"Mental Health Issues among Police Officer", Alam et al., 2019***, examines the relationship between family and economic status and the mental health of police officers in India. The World Health Organization emphasizes the importance of mental health, stating that it shapes an individual's well-being and helps them cope with life's stresses. The study found that police officers face dangerous situations that can negatively impact their mental health. To investigate this further, 50 police officers from Kishanganj, Bihar, were randomly selected and administered a mental health questionnaire. The results showed a significant negative correlation between mental health and family type, as well as a significant positive correlation between mental health and salary. These findings such as negative correlation between mental health and family type, positive correlation between mental health and salary, need for psychological interventions and counseling for police officers suggest that police officers require proper care and psychological interventions, such as counseling and therapy, to improve their mental health. The study highlights the need for addressing the mental health concerns of police officers, considering their critical role in maintaining peace and harmony in society. Negative correlation between mental health and family type, positive correlation between mental health and salary, need for psychological interventions and counseling for police officers.

9. ***"Burnout as predictor of aggressivity among Police Officers", Queirós et al, 2013,*** explores the relationship between burnout and aggressivity among police officers, specifically investigating if burnout predicts aggressivity. The research used the Maslach Burnout Inventory and the Aggression Questionnaire to collect data from 274 male police officers in Portugal. The results showed low burnout and moderate aggressivity levels, with a positive significant correlation between the two. Regression analysis revealed that burnout predicts 13% to 22% of aggressivity, with depersonalization and low personal accomplishment being the strongest predictors of anger and aggressivity. Emotional exhaustion, on the other hand, only explained 4% of verbal aggression. The study highlights the need for prevention strategies to mitigate occupational stress and burnout, which can contribute to aggressivity among police officers. This research is particularly relevant in democratic societies where excessive use of force by police is criticized. By understanding the relationship between burnout and aggressivity, law enforcement agencies can develop targeted interventions to promote officer well-being and reduce the risk of aggressivity.

10. ***"The effect of crisis intervention team training on attitudes of Houston police officers", Zamora, 2006,*** evaluated the effectiveness of the Crisis Intervention Team (CIT) training program in changing police attitudes toward managing calls involving distressed individuals. The program aimed to enhance officer performance in mental health crisis situations and improve public confidence in police competence. The study compared CIT-trained officers with non-CIT-trained officers on attitudes and perceptions related to anger and aggression. The findings suggested that the CIT program had a positive impact on officers' ability to safely manage crisis situations and control personal anger and aggression. The study's implications extend to social work, highlighting the need for safety training and resources to adequately assist mental health consumers. The literature suggests that social workers' training and education needs are often unmet, leading to job stress and burnout. The study recommends further research on the health implications of anger and aggression attitudes among social service providers.

11. **** "Trauma and Coping Strategies in Police Officers: A Quantitative-Qualitative Pilot Study", Civilotti et al., 2021,*** explores the impact of traumatic events on police officers (POs) and the role of attachment style in coping strategies. Thirty-nine POs completed questionnaires assessing depression, burnout, and attachment style, and participated in semi-structured interviews about traumatic events. The results showed that police officers experienced traumatic events related to aggression, death, and domestic violence. Those with a responsible role were more likely to use security-based strategies. Most police officers reported using overactivation and deactivation strategies, which were associated with depressive symptoms, emotional exhaustion, and depersonalization. The study highlights the importance of considering attachment style and coping strategies in trauma-informed interventions for police officers. The findings suggest that tailored interventions addressing specific attachment styles and coping strategies may be effective in promoting resilience and reducing the negative impact of traumatic events on POs' mental health and well-being.

12. The study, ***"Suicidal Ideation and Mental Health: The Moderating Effect of Coping Strategies in the Police Force", Barona et al., 2021,*** investigates the mental health problems, specifically depression and anxiety, and their relation to suicidal ideation among police officers. The research also examines the moderating effect of coping strategies on this relationship. The study used standardized questionnaires, including the Suicidal Behavior Questionnaire, Beck's Depression Inventory, and the Anxiety Inventory, to collect data from 98 Spanish police officers. The results indicate that depression and anxiety are significant predictors of suicidal ideation among police officers. However, contrary to expectations, coping strategies did not have a moderating effect on the relationship between mental health and suicidal ideation. The study highlights the importance of addressing mental health problems among police officers, given the higher estimated suicide rate in this population compared to the general population. The findings suggest that targeted interventions focusing on depression, anxiety, and suicidal ideation are necessary to support the mental health and well-being of police officers.

13. ***"An analysis of shiftwork and self-reported depressive symptoms in a police cohort from Buffalo, New York", Wirth et al., 2020,*** examined the relationship between shift work and depressive symptoms among police officers in Buffalo, New York. The study used a repeated cross-sectional design, collecting data from 428 officers between 2004-2009 and 261 officers between 2010-2014. The results showed that officers working evening or night shifts had higher odds of experiencing depressive symptoms, as measured by the Beck Depression Inventory (BDI), compared to those working day shifts. However, no significant differences were found in depressive symptoms between short-term and long-term shift workers or those who experienced shift changes. Notably, the study found that officers with high stress levels, regardless of shift work status, reported higher levels of depressive symptoms. This suggests that stress may play a significant role in the development of depressive symptoms among police officers. The study's findings contribute to the growing body of research on the mental health effects of shift work and highlight the need for further investigation into the relationship between shift work, stress, and depressive symptoms among police officers.
14. A cross-sectional study conducted in Rohtak, India, in April, ***"Depression, Anxiety and Stress among Police Personnel during COVID-19 Pandemic: A Cross-sectional Study in North India", Bapna et al., 2020***, aimed to estimate mental health problems like stress, anxiety, and depression in police personnel and identify their underlying drivers. The study found that 20.1% of police personnel experienced stress, 13.8% experienced anxiety, and 3.4% experienced depression. Notably, 57.7% of respondents were dissatisfied with their COVID-19 duty hours, and 80.2% believed they were at risk of contracting the infection due to their duties. The study identified several risk factors contributing to mental health problems in police personnel, including: Dissatisfaction with duty hours. Police personnel who were dissatisfied with their duty hours were 3 times more likely to experience stress and anxiety, respectively. Risk of contracting COVID-19- The perceived risk of contracting COVID-19 due to their duties was a significant stressor for police personnel. Family risk: The perceived risk of family members contracting COVID-19 due to their duties was also a significant stressor.

15. ***"The Role of Job Demands and Job Resources in the Development of Emotional Exhaustion, Depression, and Anxiety Among Police Officers", Maria et al., 2017,*** explores the relationship between job demands, job resources, and mental health outcomes among police officers. The researchers surveyed 843 German police officers and found that high job demands, such as heavy workloads and assaults by citizens, predicted higher levels of depression and anxiety. Emotional exhaustion played a mediating role in this relationship. On the other hand, job resources like social support from colleagues, shared values, and positive leadership climate helped mitigate the negative effects of job demands on emotional exhaustion. These resources were also associated with lower levels of depression and anxiety. The study highlights the importance of identifying job demands and resources that impact psychological strain among police officers. This information can inform interventions aimed at promoting mental health in the context of police work. By addressing these factors, police organizations can create a healthier work environment and support the well-being of their officers.

16. ***"Work characteristics and psychological health in East Asian police personnel: Direct and mediated effects", Wang et al., 2016,*** examines the impact of the psychosocial work environment on symptoms of depression and ill-health among East Asian police personnel. The study found that high job demands were negatively related to well-being, while high control and support were positively related. The study also explored the mediating roles of support and career satisfaction in the relationships between demand, control, and depression and ill-health symptoms. The results provided empirical evidence for both mediation paths. The study's results have implications for police organizations seeking to create a healthier work environment and support the mental health of their officers. The key findings of the study include demand-control-support model: Demand was negatively related to well-being, while control and support were positively related. Mediating roles of support and career satisfaction: Support and career satisfaction mediated the relationships between demand, control, and depression and ill-health symptoms. The findings suggest that interventions aimed at increasing control and support, as well as providing assistance for career development, may be effective in promoting the well-being of police personnel.
17. ***"Predictors of physiological stress and psychological distress in police communicators", Regher et al., 2013***, investigated physiological stress in police communicators, exploring the relationships between psychological distress, coping strategies, social supports, and locus of control. A total of 113 police communicators from rural and urban areas completed questionnaires assessing acute anxiety, depression, post-traumatic stress disorder (PTSD), coping strategies, social supports, and locus of control. The results showed that police communicators reported high levels of PTSD, with increased levels associated with longer years of employment. Emotion-focused coping was found to be the strongest predictor of PTSD, anxiety, and depression. Social support was negatively associated with depression, while internal control was negatively associated with depression and anxiety. The study highlights the importance of coping strategies in mitigating the risk of distress among police communicators. As coping strategies are modifiable, the study recommends that workplace interventions focus on developing effective coping strategies to support the mental health and well-being of police communicators.

18. ***"Association of work-related stress with mental health problems in a special police force unit", Garbarino et al., 2013,*** investigates the relationship between job stress and mental health symptoms in special force police officers. A total of 292 officers completed questionnaires assessing personality traits, work-related stress, and mental health problems such as depression, anxiety, and burnout. The results showed that lower levels of support and reward, and higher levels of effort and overcommitment, were associated with higher levels of mental health symptoms. Notably, 7.3% of officers reported symptoms of mild depression. Officers who experienced a discrepancy between work effort and rewards were at increased risk of depression (OR 7.89, 95% CI 2.32 to 26.82). The study highlights the importance of addressing work-related stress and promoting mental well-being among special force police officers. The findings suggest that preventive measures should be taken to mitigate the risk of mental health problems in this population, given the critical nature of their work and the need for optimal psychological functioning.

19. The longitudinal study, ***"The impact of killing and injuring others on mental health symptoms among police officers", Komarovskaya et al., 2011,*** examined the relationship between police officers' involvement in killing or seriously injuring someone in the line of duty and their mental health symptoms. The study followed 400 police officers from academy training to three years of service, assessing them at six time points. The results showed that nearly 10% of police officers reported being involved in a critical incident, such as killing or seriously injuring someone, within their first three years of service. After controlling for demographics and exposure to life threats, the study found that involvement in such incidents was significantly associated with post-traumatic stress disorder (PTSD) symptoms and marginally associated with depression symptoms. The study highlights the potential mental health impact of critical incidents on police officers and emphasizes the need for greater attention to mental health services following such exposures. Providing timely and effective support can serve as a preventative measure to mitigate the negative effects of these experiences on police officers' mental health and well-being.

20. ***"A prospective study of predictors of depression symptoms in police", Wang et al., 2008,*** examined predictors of depression symptoms in police officers. The study followed 119 healthy police recruits from academy training to 12 months of police service, assessing various factors that may contribute to depression symptomatology. The results showed that greater childhood trauma exposure, lower self-worth during training, and greater perceived work stress in the first year of police service predicted greater depression symptoms at 12 months. Notably, depression symptoms at 1 year of police service were partly independent from PTSD symptoms at 12 months. The study highlights the importance of screening for risk factors such as childhood trauma exposure and low self-worth during training. Additionally, strategies to reduce routine work environment stress may have the potential to decrease duty-related depression in law enforcement. The findings have implications for the development of targeted interventions aimed at promoting mental health and well-being among police officers.

21. ***"Predictors of Police Suicide Ideation" Violanti, 2004***, explores the relationship between traumatic police work experiences, post-traumatic stress disorder (PTSD), alcohol use, and suicide ideation among police officers. The results suggest that exposure to traumatic events in the line of duty increases the risk of developing PTSD symptoms, which in turn are associated with increased alcohol use and suicide ideation. Notably, the combined impact of PTSD and increased alcohol use was found to increase the risk of suicide ideation by tenfold. This highlights the importance of addressing PTSD and alcohol use among police officers to reduce the risk of suicide ideation. The study's findings have implications for police organizations and mental health professionals working with police officers. Providing support and resources to help officers manage traumatic experiences, PTSD, and alcohol use may be critical in preventing suicide ideation and promoting officer well-being.

22. ****"Mental Health Status of New Police Trainees before and during the COVID-19 Pandemic", Kim et al., 2024,*** investigated the mental health of new police trainees in Korea during the COVID-19 pandemic. The study compared two groups of trainees: those who joined before the pandemic and those who joined during the outbreak. The results showed significant differences in mental health indicators, including insomnia, depression, and anxiety, between the two groups. Specifically, the prevalence of insomnia increased by 2.6% among women who joined during the pandemic. Depression rates also increased from 0.4% to 1.3%, while anxiety rates showed notable differences, particularly among women, with a higher rate of 4.7%. The low-income group showed the highest differences in prevalence, with a rate of 7.7% for anxiety. The study highlights the vulnerability of police officers to psychosocial effects during disasters like pandemics. It suggests integrating disaster preparedness programs or education into new police officer training institutions to manage mental health changes and promote overall well-being.

23. ***"Prevenance of Symptoms of Depression, Anxiety, and Strss in Military Police", Silva et al., 2020,*** aimed to investigate the prevalence of depression, anxiety, and stress symptoms among Military Police personnel, exploring their potential impact on professional and personal lives. The research employed a quantitative and cross-sectional approach, surveying the 2nd Battalion of the Military Police in Campina Grande-Paraíba. The questionnaire assessed sociodemographic characteristics and utilized standardized tools like the Beck Depression Inventory, Beck Anxiety Scale, and Lipp Stress Inventory for Adults. Data analysis revealed that most Military Police professionals did not exhibit high levels of depression, anxiety, and stress symptoms. However, women were found to be more susceptible to developing depression and anxiety. The study highlights the importance of developing public policies and projects to address these issues, reducing the risks of anxiety, depression, and stress among Military Police personnel.

24. ***"Depression, Anxiety, and Stress Among Urban and Rural Police Officers", Hussain, 2019,*** investigated the differences in stress, anxiety, and depression levels among urban and rural police officers in the Khyber Pakhtunkhwa province of Pakistan. A sample of 315 police officers from three districts completed the Depression, Anxiety, and Stress Scale (DASS). The results supported the hypothesis that urban police officers would exhibit higher levels of depression, anxiety, and stress compared to their rural counterparts. Significant differences were found between the two groups. The study's findings suggest that urban police officers may face unique stressors, such as increased crime rates, traffic congestion, and higher population density, which contribute to higher levels of depression, anxiety, and stress. In contrast, rural police officers may experience fewer stressors and more supportive community environments, leading to lower levels of psychological distress.

25. Studies have consistently shown that traffic police officers are at risk of various health problems due to their exposure to air pollution and high traffic congestion. For instance, a study conducted among Nepalese traffic police officers, ***"Health problems and general anxiety among traffic police working in two major cities of Nepal", Thapa et al, 2019***, found that they experienced high levels of health issues, including ear ringing, burning eyes, back pain, and breathing difficulties (study citation). Furthermore, the study revealed that traffic police officers were also experiencing high levels of anxiety, with moderate anxiety reported by 33% of the participants and severe anxiety reported by 23%. Factors associated with anxiety levels included job dissatisfaction, physical symptoms, age, and gender (study citation). These findings are consistent with other studies that have highlighted the health risks faced by traffic police officers worldwide. Given the similarities in the working conditions and environmental exposures of traffic police officers across different countries, it is likely that similar health issues and anxiety levels may be experienced by traffic police officers in other countries, including India.

26. ***"A study of occupational stress, burnout, presumptive life events, depression and anxiety among Ahmedabad city police officers.", Roz, 2017,*** explores the psychological impact of policing on officers in Ahmedabad City, comparing them to individuals in other professions. The research aimed to identify differences in occupational stress, burnout, stressful life events, depression, and anxiety between the two groups. The study consisted of 852 participants, divided equally between police officers and individuals in other professions. The findings revealed significant differences between the two groups, with police officers experiencing higher levels of occupational stress, burnout, stressful life events, depression, and anxiety. These results highlight the vulnerability of police officers to mental health problems, emphasizing the need for adequate intervention programs. The study's findings are consistent with previous research, which has shown that police work can have a detrimental impact on mental health. The study's use of standardized assessment tools, such as the Occupational Stress Index and the Depression, Anxiety Stress Scales, adds credibility to the findings. Overall, this research contributes to our understanding of the psychological challenges faced by police officers and underscores the importance of providing support and resources to promote their mental well-being.

27. ***"Occupational stress, anxiety and coping strategies in police officers", Maran et al., 2015,*** investigated occupational stress, anxiety, and coping strategies among police officers in northern Italy. A total of 617 officers completed the questionnaire, revealing differences in stress levels between genders, sectors, and roles. The results showed that women in operational service roles were more vulnerable to both organizational and operational stressors than men. In contrast, men in the interior department were more vulnerable to organizational stressors. Despite these differences, the study population generally demonstrated good use of positive coping strategies. The findings suggest that tailored training courses and support programs could be effective in preventing stress among police officers. This study contributes to the existing literature on occupational stress among police officers, highlighting the importance of considering gender, role, and type of work when developing stress management interventions. The results have implications for police organizations seeking to promote the well-being and resilience of their officers.
28. ***"Depression, Anxiety, and Stress among Female and Male Police Officers", Hussain et al., 2014,*** investigated the differences in depression, anxiety, and stress levels between female and male police officers in Khyber Pakhtunkhwa, Pakistan. A quasi-experimental design was employed, with a sample of 315 police officers from three districts. The Depression Anxiety and Stress Scale (DASS) was used to assess the levels of depression, anxiety, and stress. The results showed that female police officers reported higher levels of depression, anxiety, and stress compared to their male counterparts. Specifically, female officers reported severe depression, extremely severe anxiety, and severe stress, whereas male officers reported moderate depression, extremely severe anxiety, and moderate stress. The differences between male and female officers were highly significant. This study highlights the need for targeted interventions to support the mental health and well-being of female police officers, who may face unique challenges and stressors in their profession.

29. Research has shown that police officers worldwide are at risk of developing mental health issues due to the stressful nature of their work**.** A study conducted among police officers in Khyber Pakhtunkhwa, Pakistan, ***"The levels of Depression, Anxiety and Stress in Police Officers", Hussain, 2014***, found alarming levels of depression, anxiety, and stress (study citation). The study, which used the Depression Anxiety and Stress Scale (DASS), revealed that police officers experienced severe levels of depression and stress, accompanied by extremely severe levels of anxiety. These findings are consistent with other studies that have highlighted the mental health risks faced by police officers globally. Similar studies conducted in other countries have also reported high levels of mental health issues among police officers, underscoring the need for targeted interventions and support systems to mitigate these risks. In countries like India, where police officers may face unique challenges and stressors, it is essential to investigate the prevalence of mental health issues and develop strategies to promote their well-being.

30. ***"Shoot or Don't Shoot? Why Police Officers Are More Inclined to Shoot When They Are Anxious", Nieuwenhuys, 2011,*** examined the impact of anxiety on police officers' shooting decisions. Thirty-six police officers participated in a video-based test, where they had to decide whether to shoot or not shoot at suspects appearing on screen. Anxiety was manipulated by using a "shootback canon" that fired small plastic bullets at participants, creating a high-anxiety condition. The results showed that under anxiety, police officers exhibited a response bias toward shooting, leading to more accidental shootings at surrendering suspects. Additionally, shot accuracy decreased under anxiety, and officers responded faster when suspects had a gun. The study suggests that anxious police officers rely more on threat-related inferences and expectations rather than objective visual information, leading to impulsive decisions. The findings have implications for police training and decision-making under stress, highlighting the need for strategies to manage anxiety and improve decision-making in high-pressure situations.

31. **** "A Psychological Study of Stress, Personality and Coping in Police Personnel", Kaur et al., 2013,*** examined the association between personality traits, coping methods, and psychological stress among police personnel in Andhra Pradesh, India. The study sample consisted of 150 constables and head constables. The results showed that 35.33% of the police personnel experienced psychological distress, as measured by the General Health Questionnaire-28 (GHQ-28). Personality traits such as neuroticism, psychoticism, and extroversion, as well as coping methods like negative distraction and denial/blame, were significantly associated with psychological stress. The study also found that social support, acceptance/redefinition, and problem-solving were the most commonly used coping methods among police personnel. Furthermore, there was evidence of a linear association between certain personality traits and coping methods. The findings suggest that personality traits and coping methods play a significant role in the development of psychological stress among police personnel, increasing their risk of developing psychiatric disorders. This study highlights the need for targeted interventions and support systems to promote the mental health and well-being of police officers.
32. ***"Assessing police applicants: a further look at MMPI and Rorschach data", Strassle, 1997,*** explored the potential use of the Rorschach test in conjunction with the Minnesota Multiphasic Personality Inventory (MMPI) in police officer selection. The MMPI is widely used in police selection, but its profiles for police populations tend to be relatively flat, making it challenging to differentiate candidates. This research aimed to determine if the Rorschach test could provide additional insights. The study analyzed Rorschach protocols from 53 police applicants who had valid MMPI profiles. The results showed significant differences between the police applicants and the normative data on several Rorschach variables, including human movement, popular responses, form quality, texture, and depression index. These findings suggest that the Rorschach test may be a useful tool in police selection, providing unique information that complements the MMPI. The study recommends further research using both tests in a sample with follow-up data to explore their predictive validity. The results imply that a multi-assessment approach, incorporating both the MMPI and Rorschach, may enhance the police selection process by providing a more comprehensive understanding of candidates' psychological characteristics.

33. ***"Job Stress, Job Satisfaction and Burnout among Prison Guards in Kolkata and Mumbai: A Comparative Study", Singhal, 2019,*** explores the experiences of prison personnel in Mumbai and Kolkata, focusing on stress, job satisfaction, and burnout. The study employed surveys and in-depth interviews to collect data. Findings indicate that prison personnel are dissatisfied with their pay, promotion, benefits, and working conditions. In Mumbai, operating conditions were an additional source of dissatisfaction. Burnout levels were moderate to high, with 43% of participants experiencing emotional exhaustion and 65% experiencing depersonalization. Qualitative data revealed that lack of leave was a significant stressor, linked to staff shortages and increased workload. The study highlights the challenges faced by prison personnel in managing their duties, interactions with inmates, and personal well-being. The findings suggest that addressing staff shortages, improving working conditions, and providing adequate leave and benefits could help reduce stress and burnout among prison personnel.

34. "***A Review on Existing Coping Mechanisms: An Exploratory Study on Police Personnel of West Bengal, India***", ***Majumdar et al., 2016***, study aimed to identify coping mechanisms used by West Bengal Police personnel to deal with work-related stressors. The study used the Brief COPE inventory and employed Exploratory Factor Analysis and Confirmatory Factor Analysis to validate the construct. The results identified 10 unique coping mechanisms, including Positive Planning, Self-blame, and Humor. The study suggested measures to combat stressors, such as periodic interactions with superiors, hobby persuasion, team spirit, yoga, and meditation classes. The study also found that infrastructural problems, political pressures, manpower shortages, and excessive workload contributed to occupational stress. Three coping mechanisms (emotional support, denial, and venting) were absent. The researchers faced limitations, including time constraints, bureaucratic instructions, and perceptual blockages. Despite these challenges, the study provides valuable insights into the coping mechanisms used by West Bengal Police personnel and suggests measures to mitigate work-related stressors.

35. ***"Bullying, Job Performance and other Psychological Factors among Army Personnels.", Pal et al., 2023,*** examines the impact of workplace bullying on military personnel's job performance, stress, and emotional well-being. A survey of 50 army personnel aged 24-43 years revealed a significant positive correlation between workplace bullying and job performance, indicating that bullying can actually drive personnel to perform better, possibly due to fear or pressure. However, the study also found a strong positive correlation between workplace bullying and stress, anxiety, and depression, highlighting the detrimental effects of bullying on mental health. The research emphasizes the need for the military to address workplace bullying to enhance personnel's emotional well-being and overall quality of life. By acknowledging the issue and implementing strategies to prevent bullying, the military can promote a healthier and more supportive work environment. This study contributes to the growing body of research on workplace bullying and its consequences, underscoring the importance of addressing this issue in the military context.

SUMMARY-

This literature review examines the psychological profiles of correctional officers, focusing on anxiety, depression, and aggression orientation. Existing research supports the prevalence of these variables among correctional officers, highlighting the impact of occupational stressors on mental health. Studies have consistently shown that correctional officers experience high levels of anxiety and depression, often linked to the demands and pressures of their work environment. Additionally, research has explored the relationship between aggression orientation and correctional work, suggesting that officers may exhibit aggressive tendencies as a coping mechanism. However, a notable gap in the literature exists regarding the use of projective tests, such as the Draw-A-Person test, to assess the psychological profiles of correctional officers. No studies were found that utilized projective tests to explore the psychological dynamics of correctional officers, highlighting a significant area for future research. Given the complexities of correctional work and its impact on mental health, further investigation is warranted to better understand the psychological needs of correctional officers and inform the development of targeted support services. More research is needed to address the gaps in the literature and provide a more comprehensive understanding of the psychological profiles of correctional officers.

CHAPTER 3: Methods

3.1 Aim of the study-

This study aims to explore and to compare the psychological characteristics of male and female correctional officers, specifically examining dimensions such as aggression orientation, depression, anxiety, and personality traits, to gain a nuanced understanding of their psychological profiles and contribute to the development of effective support systems, training programs, and organizational policies within correctional services. The study involves cross sectional research design with both quantitative and qualitative research methods.

3.2 Objectives:

3.2.1 To explore and to compare the levels of Anxiety of male and female correctional officers.

3.2.2 To explore and compare the levels of Depression of male and female correctional officers.

3.2.3 To explore and compare the levels of Aggression Orientation (Physical aggression, Verbal aggression, Anger, Hostility) of male and female correctional officers.

3.2.4 To explore and compare the personality traits of male and female correctional officers

3.3 Hypothesis

3.3.1 H1: Male and female correctional officers will exhibit similar levels of Anxiety, with no significant difference between the two groups.

3.3.2 H2: Male and female correctional officers will exhibit similar levels of Depression with no significant difference between the two groups.

3.3.3 H3: Male and female correctional officers will exhibit similar levels of Aggression Orientation (Physical aggression, Verbal aggression, Anger, Hostility) with no significant difference between the two groups.

3.3.4 H4: Male and female correctional officers will exhibit similar personality traits, with no significant difference between the two groups.

3.4 Variables

3.4.1. Anxiety

Anxiety is a complex emotional state characterized by feelings of worry, apprehension, or fear, often accompanied by physiological symptoms such as rapid heartbeat, sweating, and trembling, as well as cognitive symptoms like difficulty concentrating and racing thoughts, which can impact daily functioning and overall well-being.

According to DSM V-TR, anxiety is defined as "anticipation of future threat" accompanied by symptoms such as excessive worry, fear, anxiety, and related behavioral disturbances. WHO define anxiety as, “A mental health disorder characterized by feelings of worry, anxiety, or fear that are persistent and overwhelming, and can interfere with an individual's daily life, relationships, and overall well-being."

3.4.2. Depression

Depression is a complex mental health disorder characterized by persistent sadness, loss of interest in activities, changes in appetite or sleep, fatigue, and difficulty concentrating, significantly impacting daily life, relationships, and overall well-being. According to DSM V- TR, Major Depressive Disorder (MDD) is defined as a mental disorder characterized by one or more major depressive Episodes, which involve a period of at least two weeks with depressed mood or loss of interest in nearly all activities, accompanied by several other symptoms such as changes in appetite, sleep disturbances, fatigue, and difficulty concentrating. WHO defines depression as, “"A common mental disorder characterized by persistent sadness, loss of interest in activities, and a range of physical and emotional problems.

3.4.3. Aggression Orientation

Aggression refers to behavior characterized by assertive or violent actions, often driven by anger, hostility, or frustration, which can be verbal or physical, and may be directed towards oneself, others, or objects, potentially causing harm or damage. According to DSM V -TR, aggression is not a specific diagnosis, but rather a symptom or behavior that can be associated with various mental health conditions, such as:

- Disruptive, Impulse-Control, and Conduct Disorders (e.g., Intermittent Explosive Disorder, Conduct Disorder)
- Personality Disorders (e.g., Antisocial Personality Disorder)
- Other conditions (e.g., substance use disorders, traumatic brain injury)

The DSM-5-TR describes aggression as behavior that causes physical harm to others or animals, or destroys property. WHO recognizes aggression as a complex issue with various forms, including physical, verbal, and psychological aggression, and highlights its impact on individual and public health. In ICD-11, aggression is primarily described within the context of specific mental, behavioral, and neurodevelopmental disorders, rather than having a single, universally applicable definition. Aggression can be a symptom or feature of various disorders like Intermittent Explosive Disorder, Conduct-Dissocial Disorder, and even in the context of dementia.

3.4.4. Draw-A-Person Test

The Draw-A-Person (DAP) test is a projective psychological assessment tool where individuals are asked to draw a person, often followed by drawings of a person of the opposite sex and sometimes themselves. The test evaluates cognitive and emotional aspects of personality, assessing developmental maturity, body image, self-concept, and potential emotional or psychological issues through analysis of drawing characteristics, proportions, features, and overall presentation.

Developed by Karen Machover, DAP is often used in various settings, including clinical, educational, and research environments. The test typically involves asking the individual to draw a person, often starting with a simple instruction like "Draw a person." Sometimes, additional instructions might be given, such as drawing a person of a specific gender or drawing a self-portrait.

The Draw-a-Person (DAP) test offers several benefits, including its ability to provide a non-verbal and non-threatening assessment tool, particularly useful for children, individuals with limited language proficiency, or those with cognitive or emotional difficulties. The test allows researchers and clinicians to tap into the individual's creative expression, revealing underlying thoughts, feelings, and experiences that may not be easily accessible through verbal communication. The DAP test can also provide insights into cognitive development, emotional functioning, and personality characteristics, making it a valuable tool for assessing self-concept, body image, and emotional maturity. Additionally, the test's simplicity and ease of administration make it a practical and accessible assessment method for a wide range of settings, including clinical, educational, and research contexts.

The DAP test is typically scored based on various criteria, including:

1. Drawing characteristics: The quality of the drawing, including proportions, details, and overall organization.

2. Symbolism: The use of symbols, such as facial expressions, body language, or clothing.

3. Omissions or distortions: The presence of omissions or distortions in the drawing, which can indicate emotional or cognitive difficulties.

3.5 Participants-

3.5.1 All details of participants as a group:

This study involves jail correctional officers working in correctional facilities. These officers are responsible for overseeing individuals who are detained or incarcerated, maintaining order and security within the facility, and enforcing rules and regulations. They work in a high-stress environment that can expose them to violence, trauma, and other challenging situations.

3.6 Inclusion criteria:

- Currently employed as a correctional officer in a jail or correctional facility.
- Directly involved in the daily supervision and management of inmates.
- Willingness to participate in the study and provide informed consent.
-An age limit was set between 23-55 years of age
- Officers who do not have any underlying physical health issue and any psychiatric disorder.
- Officers who are currently posted in Kolkata

3.7 Exclusion criteria:

- Not directly involved in inmate supervision or management
- Rest of the population who are not into Police services.
- Retired officers
- Officers not currently posted in Kolkata

3.8Sampling techniques:

Non-Probability Sampling-

Non-probability sampling is a research methodology that involves selecting participants based on specific criteria or characteristics, rather than random selection. This approach allows researchers to deliberately choose individuals or groups that are most relevant to the study's objectives, making it particularly useful for qualitative, exploratory, or specialized research. By leveraging their expertise and judgment, researchers can target specific populations, subgroups, or cases that offer rich insights and nuanced understanding, even if the findings may not be generalizable to the broader population.
This method is often employed when probability sampling is not feasible, practical, or necessary, and instead prioritizes depth and detail over breadth and representativeness.

Common techniques used in non-probability sampling include convenience sampling, quota sampling, purposive sampling, and snowball sampling, each with its own strengths and limitations. By carefully selecting participants, researchers can gather valuable data and gain a deeper understanding of complex phenomena, ultimately informing theory, practice, or policy.

Purposive Sampling-

Purposive sampling is a non-probability sampling technique where researchers intentionally select participants based on specific characteristics or criteria that align with the study's objectives. This approach focuses on gaining in-depth insights from a targeted subset of individuals, rather than aiming for broad representation of the entire population.
By carefully choosing participants who possess particular traits, behaviors, or experiences relevant to the research question, researchers can gather rich and nuanced data that provides a detailed understanding of the phenomenon under investigation. This method is particularly effective in qualitative research, where the goal is to explore complex issues, identify patterns, or gain a deeper understanding of specific contexts or populations. By leveraging purposive sampling, researchers can ensure that their sample is informative and relevant, ultimately enhancing the validity and usefulness of their findings.
Purposive sampling also allows researchers to adapt their sampling strategy as the study unfolds, enabling them to refine their approach based on emerging findings or unexpected insights. This flexibility is particularly valuable in qualitative research, where the iterative nature of data collection and analysis often requires adjustments to the sampling strategy. Furthermore, purposive sampling can facilitate the identification of patterns, themes, or phenomena that might not be apparent through other sampling methods.
By selecting participants who are uniquely positioned to provide insight into the research question, researchers can uncover rich, contextualized data that sheds light on complex issues or phenomena. Additionally, purposive sampling can be used in conjunction with other sampling methods, such as snowball sampling, to access hidden or hard-to-reach populations.

Here are the advantages of purposive sampling in bullets, with elaboration:

- Targeted Insights: Enables researchers to gather in-depth, rich data from individuals who are most relevant to the study, providing nuanced understanding and detailed perspectives.

- Efficiency: Saves time and resources by focusing on a specific group or subset of the population, rather than attempting to sample a broader, more diverse group.

- Expert Perspectives: Ensures that researchers capture the most relevant and insightful information from participants who possess specialized knowledge, expertise, or experiences directly related to the research question.

- Qualitative Research Suitability: Particularly valuable in qualitative research, where the goal is to explore complex themes, ideas, and experiences in-depth, rather than to generalize findings to a larger population.

- Accessibility: Provides a practical solution for studying sensitive, hard-to-reach, or marginalized populations, where other sampling methods may not be feasible or effective, allowing researchers to gather valuable insights from these groups.

3.9 Tools Used:

3.9.1 Beck's Anxiety Inventory (BAI):

The Beck Anxiety Inventory (BAI) is a widely used psychological assessment tool developed by Aaron T. Beck and his colleagues. BAI is a comprehensive 21-item self-report instrument meticulously designed to assess the severity of anxiety symptoms. By having respondents rate the extent of their experiences over the past week on a 0-3 Likert scale, with the anchors of 0 (Not at All), 1 (Mildly), 2 (Moderately) and 3 (Severe). The total score ranges from 0 to 63, with higher scores indicating more severe anxiety symptoms. The BAI provides a nuanced and reliable evaluation of anxiety levels, enabling clinicians and researchers to accurately capture the complexities of anxiety symptomatology.

Administration:

The Beck Anxiety Inventory (BAI) is administered as a self-report questionnaire, where individuals read and rate 21 items describing anxiety symptoms based on their experience over the past week. They score each item on a 0-3 scale, from "Not at all" to "Severely". The questionnaire is typically completed independently, with minimal guidance, and takes a short amount of time to finish

Scoring:

After completion of the questionnaire, the toral raw score is calculated for further analysis.

Reliability:

With their diagnostically mixed sample of 160 outpatients, Beck et al., 1988, reported that the BAI had high consistency reliability (Cronbach coefficient alpha= .92), and Fydrich et al., 1990, found a slightly higher level of internal consistency (coefficient alpha= .94) in 40 patients diagnosed as having DSM-III-R anxiety disorder.

Validity:

A study examined the convergent and discriminant validity of the BAI in comparison to other anxiety and depression measures. 71 outpatients with anxiety disorders completed various assessments, including the BAI, State-Trait Anxiety Inventory, and Beck Depression Inventory. The BAI demonstrated strong convergent and discriminant validity, outperforming other anxiety measures. Results showed that the Beck Anxiety Inventory (BAI) demonstrated strong convergent validity that effectively measured anxiety symptoms, as well as discriminant validity, that was able to distinguish anxiety from depression.

3.9.2 Beck's Depression Inventory (BDI):

The Beck Depression Inventory (BDI), developed by Dr. Aaron T. Beck, a pioneer in cognitive therapy, was first introduced in 1961 as a pioneering tool to assess the severity of depression and screen for depressive symptoms. The original BDI comprised 21 items, each targeting a specific symptom of depression, and demonstrated strong reliability and validity. Widely adopted in research and clinical practice, the BDI underwent a significant revision in 1996, resulting in the BDI-II. This updated version incorporated additional items and aligned with changes in the Diagnostic and Statistical Manual of Mental Disorders (DSM), further enhancing its utility. Today, the BDI-II remains the most widely used iteration of the questionnaire, a testament to Dr. Beck's enduring contribution to the field of mental health assessment.

Administration:

The Beck Depression Inventory-II (BDI-II) is administered by providing participants with a questionnaire consisting of 21 groups of statements. Participants are instructed to carefully read each group and select the one statement that best describes their feelings over the past two weeks, including the day of administration. They circle the number beside the chosen statement, and if multiple statements seem equally applicable, they circle the highest number for that group. It is essential to ensure that only one statement is chosen per group, including items with multiple parts. The responses are then scored based on the severity of depressive symptoms, with higher scores indicating more severe symptoms.

Scoring:

After completion of the questionnaire, the toral raw score is calculated for further analysis.

Reliability:

The Beck Depression Inventory-II (BDI-II) demonstrates strong reliability in measuring depressive symptoms. Its internal consistency is high, with an average Cronbach's alpha coefficient of around 0.9, indicating that the items on the questionnaire are closely related and effectively measure the same construct. Studies have consistently reported alpha coefficients ranging from 0.83 to 0.96, further supporting the BDI-II's internal consistency. Additionally, the test-retest reliability of the BDI-II is robust, with coefficients ranging from 0.73 to 0.96 over a mean re-application interval of 2 weeks. This suggests that the BDI-II scores are stable over time, providing consistent results when administered under similar conditions. These reliability metrics underscore the BDI-II's utility as a dependable assessment tool for depression severity.

Validity:

The Beck Depression Inventory-II (BDI-II) exhibits strong validity in assessing depressive symptoms. Its concurrent validity is high, with correlation ratings of 0.77 with other depression instruments, such as the Minnesota Multiphasic Personality Inventory and the Hamilton Depression Scale, indicating that the BDI-II measures similar constructs as these established tools. The BDI-II also demonstrates high construct validity, with a significant correlation ($r = 0.71$) with the Hamilton Depression Rating Scale, suggesting that it effectively captures the underlying symptoms of depression. Furthermore, the BDI-II shows good criterion-based validity, with satisfactory sensitivity and specificity for detecting depression compared to the adopted gold standard. This means that the BDI-II can accurately identify individuals with depression and distinguish them from those without the condition, making it a reliable and effective tool for assessing depression severity.

3.9.3 Buss and Perry Aggression Questionnaire (BPAQ):

The Buss-Perry Aggression Questionnaire (BPAQ) is a widely utilized psychological assessment tool that measures aggression in individuals across four distinct dimensions: physical aggression, verbal aggression, anger, and hostility. Developed by Arnold Buss and Mark Perry in 1992, this 29-item questionnaire employs a Likert scale to capture the multifaceted nature of aggression, extending beyond overt physical acts to encompass emotional and cognitive aspects. The 29 items are sub-divided inti four sub-domains- Physical Aggression, Verbal Aggression, Anger, and Hostility. The BPAQ's robust validation and adaptability across diverse cultural contexts have established it as a valuable instrument in both clinical and research settings. By providing a nuanced understanding of aggression levels and characteristics, the BPAQ facilitates targeted interventions and informs strategies for mitigating aggressive behavior, ultimately contributing to improved mental health outcomes and enhanced well-being.

Scoring:

The Buss-Perry Aggression Questionnaire (BPAQ) is scored domain-wise, with four distinct sub-domains: Physical Aggression, Verbal Aggression, Anger, and Hostility. Each domain's raw score is calculated separately, and then the scores from all four domains are summed to obtain the total raw score. This total score provides a comprehensive measure of aggression, allowing for further interpretation and analysis.

Reliability:

The Buss-Perry Aggression Questionnaire (BPAQ) has demonstrated strong reliability across various studies. Its internal consistency is high, with Cronbach's alpha coefficients typically ranging from 0.80 to 0.94, indicating that the items within the questionnaire measure aggression consistently. Additionally, its test-retest reliability has been reported to be around 0.78, suggesting stability over time.

Validity:

The Buss-Perry Aggression Questionnaire (BPAQ) has been extensively studied for its validity across different populations and contexts. Research indicates that the BPAQ demonstrates strong content validity, meaning its items effectively capture the intended dimensions of aggression such as physical aggression, verbal aggression, anger, and hostility. Additionally, construct validity has been supported through factor analyses, confirming that the questionnaire accurately measures aggression as a multidimensional construct. The BPAQ also shows convergent validity, correlating well with other established aggression measures, while maintaining discriminant validity, distinguishing aggression from related but separate psychological traits.

3.9.4 Draw-A-Person Test:

The Draw-A-Person (DAP) test is a widely used projective psychological assessment tool that involves asking individuals to draw a person, often followed by drawings of a person of the opposite sex or themselves. Developed by Karen Machover, this test evaluates various aspects of personality, including cognitive and emotional development, body image, self-concept, and potential emotional or psychological issues. By analyzing the characteristics, proportions, features, and overall presentation of the drawings, clinicians and researchers can gain valuable insights into an individual's emotional functioning, personality traits, and underlying thoughts and feelings. The DAP test is particularly useful for assessing children, individuals with limited language proficiency, or those with cognitive or emotional difficulties, as it provides a non-verbal and non-threatening means of expression. Its simplicity and ease of administration make it a practical tool for various settings, including clinical, educational, and research environments.

Administration:

The administration process of the Draw-A-Person (DAP) test involves providing participants with blank paper and a pencil, and asking them to draw a human figure as per their wish. After completing the first drawing, participants are then asked to draw a figure of the opposite sex on a separate sheet of paper. This simple and open-ended instruction allows participants to express themselves freely, enabling the assessment of their cognitive and emotional aspects through their drawings.

Scoring:

Scoring is done per manual. The Draw-A-Person (DAP) test scoring involves evaluating drawings based on aspects like body image, proportions, omissions, and distortions. Each item is scored according to specific criteria, and the total score provides insight into the individual's psychological functioning, emotional state, or cognitive maturity.

Reliability:

The Draw-A-Person (DAP) Test has been examined for reliability across different contexts. Studies indicate that its internal consistency varies depending on scoring methods, with Cronbach's alpha coefficients ranging from 0.68 to 0.92. Additionally, interscorer reliability which measures consistency between different evaluators has been reported at 0.85, suggesting reasonable agreement among raters. However, reliability concerns persist, particularly in projective applications, where subjective interpretation can introduce variability. The test is more reliable when used for cognitive assessment rather than personality evaluation.

Validity:

A comprehensive study evaluating the psychometric properties of the Draw a Person: A Quantitative Scoring System (DAP: QSS) in a large sample of 2543 children (mean age: 11.43 ± 3.06 years) revealed mixed and concerning results. The assessment of construct validity yielded conflictive evidence, with age correlating with DAP: QSS scores only in children under 11 years. While the DAP: QSS scores demonstrated a statistically significant correlation with Raven's Matrices scores, indicative of concurrent validity, the correlation coefficients were disappointingly low (0.156-0.498). Furthermore, the analysis of criterion validity revealed a lack of correlation between DAP: QSS scores and academic grades ($r = 0.056$, $p = 0.097$). Ultimately, the study concluded that the DAP: QSS exhibits poor validity as an intelligence measure, characterized by low sensitivity and unacceptably high false negative and positive rates.

3.10 Procedure

At the beginning of the research, all the necessary permissions from the office of ADG & IG of Correctional Services, West Bengal to visit the correctional facilities were obtained. After all the necessary permission were granted, dates were fixed to visit the correctional facilities for data collection. The variables were chosen to explore in this study and accordingly scales were selected. At first, the questionnaire booklets of BAI, BDI, BPAQ and all the necessary materials for the Draw-A-Person Test were prepared. After the necessary preparation, questionnaire booklets were given to participants individually. The participants were first asked to sign a consent form before the commencement of the survey. After getting the consent from the participants, they were asked to fill up the part of the questionnaire with their socio-demographic details first. After giving the socio-demographic details, the participants were asked to move on to the BAI questionnaire. Clear instructions were given to the participants on how to fill up the questionnaire so that they understood the response format. They were asked to put a tick mark on the option to each question that they felt was applicable to them. Same was done for the BDI and BPAQ questionnaires. Participants were allowed to complete questionnaires at their own pace. After the completion of the questionnaire, a total raw score of each variable was calculated for further analysis. During the administration of the Draw-A-Person Test, participants were asked to draw a human figure on a piece of paper. Once the participant completed the drawing, he/she was asked to draw the opposite sex of the previously drawn figure. All the questions and concerns were addressed in a clear and concise manner to ensure understanding and comfort. Any queries regarding the purpose, procedures, or potential benefits of the study were responded to promptly and professionally. Confidentiality and anonymity were ensured. After completion of the data collection, the participants were thanked for their voluntary involvement in the study.

3.11 Analysis

3.11.1 Qualitative Analysis-

The qualitative analysis of the Draw-A-Person test involved a meticulous interpretation of the drawings based on established manuals, facilitating an in-depth exploration of the psychological profiles of correctional officers. Through a systematic examination of various indicators, the analysis employed a standardized framework to assess the psychological characteristics of the participants. By utilizing projective tests like the Draw-A-Person test, this study aimed to provide a nuanced understanding of the psychological dynamics at play in correctional settings, informing the development of evidence-based practices and policies that promote the mental health and well-being of correctional officers.

3.11.2 Quantitative Analysis-

This study employed descriptive statistics, including mean and standard deviation (SD), to provide a comprehensive understanding of the psychological profiles of male and female correctional officers. Specifically, descriptive statistics were utilized to explore and compare levels of anxiety, depression, aggression orientation (physical aggression, verbal aggression, anger, and hostility), and personality traits between the two groups. The use of mean and SD values enabled the summarization of data, providing insight into central tendency and variability, and facilitating comparison between male and female officers. By employing descriptive statistics, this study aimed to identify potential differences in psychological variables, laying the groundwork for further analysis and informing the development of targeted support services and interventions tailored to the unique needs of correctional officers.

The results indicate no significant difference in the levels of aggression, anxiety, and depression among male and female correctional officers.

Inferential Statistics:

This study employed inferential statistics, specifically independent samples t-tests, to compare the levels of anxiety, depression, and aggression orientation (physical aggression, verbal aggression, anger, and hostility) between male and female correctional officers. The t-test allowed for the determination of statistically significant differences between the two groups, providing insight into whether observed differences were due to chance or reflected underlying population differences. By utilizing inferential statistics, this study aimed to draw conclusions about the broader population of correctional officers, informing the development of evidence-based practices and interventions tailored to the specific needs of male and female officers. The results of the t-test provided a robust foundation for understanding the psychological dynamics at play in correctional settings, ultimately contributing to the enhancement of officer well-being and job performance.

The results indicate no significant differences between male and female correctional officers on aggression orientation, anxiety, and depression. The study highlights the importance of addressing mental health and aggression among correctional officers. The findings suggest that both male and female officers experience similar levels of aggression, anxiety, and depression.

CHAPTER 4: RESULTS

4.1 Quantitative Results:

Table 1: Shows mean Scores of Beck's Anxiety Inventory, Beck's Depression Inventory, Physical Aggression, Verbal Aggression, Anger, Hostility among Male and Female Correctional Officers.

Variables	Male Correctional Officers	Female Correctional Officers
	Mean (SD)	Mean (SD)
Beck's Anxiety Inventory	9.84 (11.143)	8.68 (9.927)
Beck's Depression Inventory	8.41 (7.534)	7.32 (7.956)
Physical Aggression	19.00 (6.164)	17.28 (5.443)
Verbal Aggression	12.33 (4.567)	10.20 (5.369)
Anger	15.97 (5.318)	14.76 (3.950)
Hostility	18.61 (6.815)	16.20 (7.852)

Fig 1. Graphical Representation of mean score of Beck's Anxiety Inventory, Beck's Depression Inventory, Physical Aggression, Verbal Aggression, Anger, Hostility among Male and Female Correctional officers.

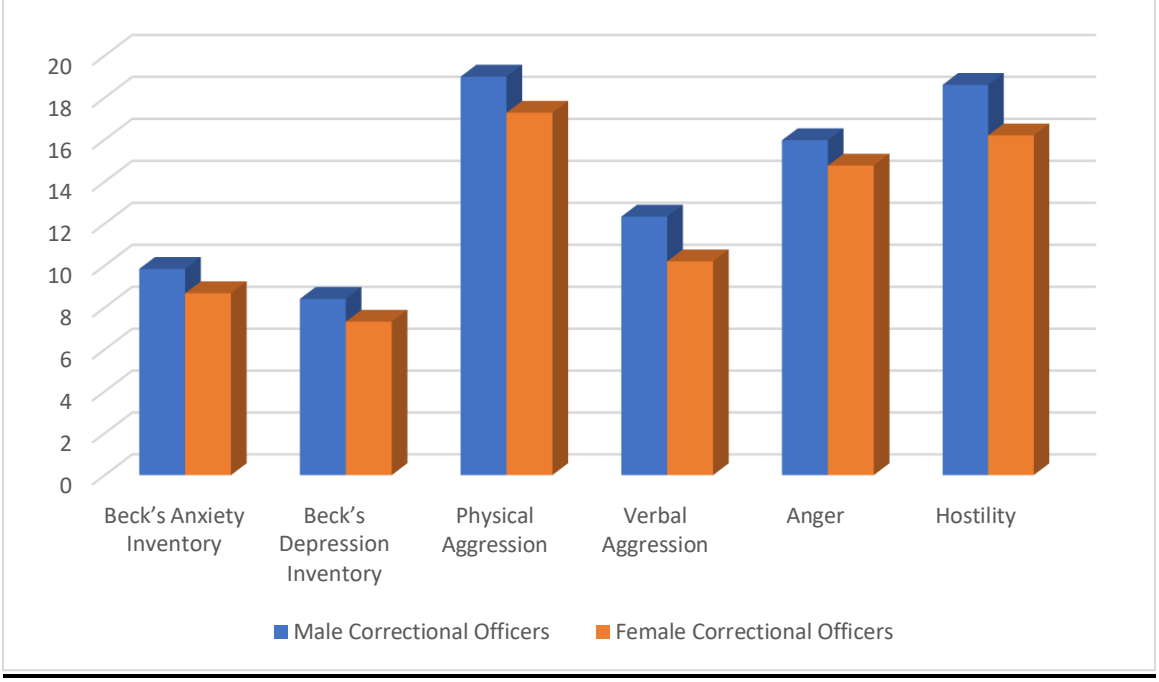

Table 2: Shows the t-test values, levels of significance in Beck's Anxiety Inventory, Beck's Depression Inventory, Physical Aggression, Verbal Aggression, Anger, Hostility among Male and Female Correctional Officers.

Variables	Male Correctional Officers	Female Correctional Officers		
	Mean	Mean	t-value	Sig
Beck's Anxiety Inventory	9.84	8.68	.426	.672
Beck's Depression Inventory	8.41	7.32	.553	.583
Physical Aggression	19.00	17.28	1.139	.259
Verbal Aggression	12.33	10.20	1.702	.094
Anger	15.97	14.76	.980	.331
Hostility	18.61	16.20	1.303	.197

The comparative analysis of psychological variables between male and female correctional officers, as elucidated in Table 1 and Table 2, highlights marginal difference in measures of anxiety, depression, aggression, anger, and hostility, yet none of these differences reach statistical significance. The findings suggest that male and female correctional officers, despite nuanced trends in psychological distress and aggression orientation, are equally impacted by the high-stress environment of correctional work. The lack of statistically significant gender differences underscores the role of systemic and organizational factors in shaping psychological outcomes rather than inherent individual differences. The demanding nature of correctional work, characterized by exposure to challenging interpersonal dynamics, safety concerns, and emotional labor, appears to exert a uniform impact across genders.

The implications of these results emphasize the importance of developing interventions that address the shared challenges of correctional officers, irrespective of gender. Initiatives such as stress management workshops, mental health counseling programs, and peer support networks can help mitigate emotional distress and foster resilience. Additionally, organizational changes aimed at reducing workplace stressors, promoting a supportive environment, and enhancing job satisfaction are critical in addressing the broader systemic contributors to psychological strain among correctional officers. By focusing on these shared needs, institutions can ensure that interventions are inclusive, effective, and aligned with the realities of correctional work.

4.2 Qualitative Results:

Male Correctional Officers:

No. of Pictures	Description
1	High standards of achievement, inflated self-esteem due to insecurity about self- inadequacy - less competent- rigidity- low energy- lack of drive- voyeuristic tendencies - sexual conflicts- oral fixation - under gratification in oral stage- compensatory feelings- feeling of shame about his body parts- dependent individual- guilt related to voyeuristic tendencies- feelings of rejection or contempt- dependent, orally passive- lack of muscular tension and passivity- indicative of evasion- insecure- self -doubting individual.
2	Feeling of inadequacy- fantasy- compensatory feeling- grandiosity-projection of high self-esteem to compensate for low self -esteem- tendency of uncertainty and anxiety- rigidity-constriction-defensiveness- lack of assertion- sexual conflicts-voyeuristic tendencies- omission of sexual parts-depressive / schizophrenia traits- fixation in phallic stage- inadequacy- social stereotype- patriarchy-gender stereotype- reality contact adequate-expressing externally directed aggressive needs-body narcissism, rebellious against society and parent figure- repressed oedipal feelings- anxiety.
3	Homosexuality- conflict with self- paranoid tendencies- latent social rejection- social stereotypes -latent aggression- phallic stage fixation- homosexual tendencies- narcissistic-sexual inadequacy- regressed sex drives- anxiety over sensual needs- feminine identification- dealt with by narcissism and obsessive- compulsive mechanisms- uninhibited impulse expression-exhibitionistic tendency- social accessibility-social communications-social dependency.
4	Occasionally depressed- introverted- calm-aloofness-inadequacy- oral and affectional deprivation- maternal dependence -need for a greater status and recognition than subject feels he possesses- somatic preoccupation-physical aggression- inadequacy- fantastical thinking.

5	Regression- introverted and self-conscious- latent aggression- intellectual aspirations- regressed sex drives-anxiety- paranoia or false beliefs- castration fears or wishes- oral aggression-problem in control of anger or of primitive drives- false belief-grandiosity- Infantile social behavior-paranoid-dependency- desire for affection-sexual role conflict- decisive- affectional depravation-maternal dependence.
6	Self -directed-self -centered- anxiety over sensual needs-antisocial traits- self- indulgence-uninhibited impulse expression-sexually precocious-voyeuristic tendencies- oral deprivation- uninhibited impulse expression-somatic preoccupation- maternal dependence-affectional deprivation- rigid- sexually precocious-antisocial traits-voyeuristic tendencies.
7	Inflated self-esteem- insecurities- virility-anxiety-difficulty in social contact- feeling of guilt- anxiety related to sexual functions- self-absorption-voyeuristic tendencies-oral aggressive-rigid-overly active-uninhibited- guilt feeling for manipulatory activities- virility and anxiety over sensual needs-inflated self- esteem- hypermanic- aggression-depersonalization fears-anxiety- timidity-antisocial traits-depersonalization fears.
8	Inflated self-esteem- introvert- frequently- self-conscious-regression- inadequacy- feelings of inferiority - antisocial traits- impulsive-unstable-anxiety- insecurity-anxiety-regression- antisocial traits-rigid-anxiety over sensual needs- sexually precocious-narcissism-possible homosexual tendencies-feminine identification dealt with by narcissism and obsessive-compulsive mechanisms- oral aggression- ideas of reference and paranoid traits- contemptuous attitude-sensitivity to attitudes of others-voyeurism- poor judgement- homosexual anxiety- egocentricity-immaturity- regression-paranoid trend-rigidity-effeminacy-orality- contemptuous attitude-tendency to think in terms of derisive social stereotypes-doubt about virility with compensatory virility striving- sexual inadequacy-regressed sex drives- sensuality or sensual needs- anxiety over sensual needs- possible homosexual tendencies-tension- assaultiveness-paranoid grandiosity-involutional sex problems-sexual fantasies- sexual preoccupation-insecurity.

9	Self -adaptive- self-directed- adaptive- overt aggression- low energy level-anxiety- timidity-strong impulse towards motor activity- restless-hypermanic traits- legs- discouragement-withdrawal-expressing contact difficulties-feelings of guilt for manipulatory activities- desire to be a woman- feminine identification-withdrawal tendency-inhibition-repression-anxiety- inadequacy in the face of determined aggressive strong individual- inhibition- regression-hypermanic- contact difficulties-feminine identification -desire to be a woman- overt aggression- feeling of guilt manipulatory activities-felt lack of virility-low energy level.
10	Unsure of themselves- unrealistic high standard of self-feeling of inadequacy- inferiority complex-quick- decisive individual- rigid-paranoid tendencies- oral aggression-self-absorption-voyeuristic tendencies-id overpower- problem in control of anger or of primitive drives-externalized aggression-need for a protective mother figure-somatic preoccupation- latent masculine tendencies- aggressiveness- somatic preoccupation- inadequate personality- oral aggression- paranoid tendencies- masculine tendencies latent-externalized aggression- rigid-exhibitionism -sexual preoccupation- rejecting maternal or paternal figure of opposite sex.

Female Correctional Officers:

No. of Pictures	Description
1	Impulsive- timid- frequently self-conscious-introverted- ideas of reference- paranoid-oral aggression- body complex- evasion of body problems- negativism- rebellion against society/parents- lack of achievement/ ambitions-hypermanic- inadequacy- maternal dependence-affectional deprivation- identification with mother.
2	Homosexual trend- over concern for material criteria for social status-exhibitionism sexual preoccupation- affectional depravation- maternal dependence- constricted-pedantic- compulsivity-disdain-refinement-anxiety over sexual needs-feelings of shame about body parts- guilt-withdrawal-sexual inadequacy - sexual identification conflict- strong attachment to or dependency upon parent or person of opposite sex-self-conscious- introverted- contact difficulty-rejection of maternal/paternal figure of opposite sex-hypermanic- self-centered.
3	Self-centered – oral fixation-regression-homosexuality-anxiety- contact difficulty-feeling of guilt-tension- emotional-fixation/immaturity-depressive tendencies- rigidity-gender role conflict- paranoid tendencies-hypermanic-exhibitionism-sexual preoccupation-oral fixation-difficulties in interpersonal relationships-timidity.
4	Aggressive- feelings of inadequacy-narcissistic tendencies-paranoid- anxiety- regression-rejection-contempt-self-indulgence- uninhibited impulse expression-somatic preoccupation - exhibitionism- rigid-controlled behavior- guilt-superego dominance- discouragement-withdrawal-depressive tendencies-fear of aggressive impulses-hypermanic-effeminate-neurotic tendencies-indecisive- self dissatisfaction.
5	Manic tendencies- pressure for motor activity-restlessness-emotional fixation-anxiety-indecisive- paranoid tendencies-problem with controlling anger- rejection in terms of social stereotypes- oral aggression- depersonalization fears- somatic preoccupation- anxiety related to sexual functions- hypermanic- self-centered.

6	Insecurity- sexual preoccupation- dependency and desire for affection-egocentric-regression-immaturity- oral aggression-externalized aggression-hostile- extra punitive-unsure of themselves- inhibition-repression- sexual conflict-phallic stage fixation-rigid-sexually preoccupied-insecurity- inadequacy- incoordination-somatic preoccupation-hypermanic-dependency-desire for affection.
7	Self -indulgence- oral aggression- insecurity-egocentric- immaturity- regression-dependency-nurturance needs- assertiveness- rigid- anxiety-timid- low energy- regressed sex drives, sensuality or sensual needs- social contact- fear off aggressive impulses-passivity as defence against aggressive impulses.

The Draw-A-Person (DAP) test results reveal intricate and multifaceted psychological profiles for both male and female correctional officers, emphasizing shared psychological challenges and notable differences. Both groups exhibit emotional distress, characterized by anxiety, insecurity, and difficulties in psychological maturity, such as emotional fixation, regression, and challenges in managing stress and relationships. Interpersonal difficulties are prevalent, with defensive tendencies such as rejection and dependency adversely affecting professional and personal interactions. Defense mechanisms, including externalized aggression, repression, and denial, are commonly employed by both genders to cope with stress and emotional conflicts. Additionally, unresolved sexual concerns are evident in both groups, with female correctional officers experiencing sexual preoccupation, guilt, and discomfort, while male officers report voyeuristic tendencies and anxiety related to sensual needs. Despite marginal variations, statistical analysis reveals no significant differences between male and female correctional officers in these psychological challenges, underscoring the uniform impact of their high-stress work environment.

While both groups share these similarities, distinct differences emerge. Male correctional officers demonstrate higher levels of physical and verbal aggression, often linked to latent aggression and phallic stage fixation, reflecting unresolved conflicts surrounding masculinity and power dynamics. Conversely, female correctional officers show internal ambivalence associated with societal expectations, gender role conflicts, and identification struggles, underscoring emotional and relational complexity. Coping styles also differ, as males tend to compensate for insecurity through grandiosity and narcissistic tendencies, whereas females exhibit self-consciousness and emotional vulnerability.

These findings highlight the importance of addressing the shared and unique psychological challenges faced by correctional officers through tailored interventions. Proposed initiatives include counseling programs, stress management workshops, peer support networks, and gender-specific strategies that account for aggression orientation in males and gender role conflicts in females. By addressing these issues, correctional facilities can promote mental health, job satisfaction, and relational harmony, fostering a healthier and more effective work environment.

CHAPTER 5: DISCUSSION

This investigation endeavored to elucidate the psychological profiles of male and female correctional officers, with a particular emphasis on variables such as anxiety, depression, physical aggression, verbal aggression, anger, and hostility. The findings yielded no statistically significant differences between the two cohorts, as evidenced by the t-test results. This outcome implies that both male and female correctional officers may encounter analogous psychological challenges and stressors, potentially attributable to the inherent nature of their work environment, which may exert a uniform impact on individuals regardless of gender. The similarity in psychological profiles between male and female correctional officers suggests that the occupational demands and stressors associated with working in corrections may be a more salient predictor of psychological outcomes than individual differences between males and females. Furthermore, this finding underscores the importance of considering the organizational and environmental factors that contribute to psychological distress among correctional officers, rather than solely focusing on individual-level factors.

The descriptive statistics revealed that male correctional officers reported marginally higher levels of anxiety ($M = 9.84$, $SD = 11.143$) and depression ($M = 8.41$, $SD = 7.534$) in comparison to their female counterparts ($M = 8.68$, $SD = 9.927$ and $M = 7.32$, $SD = 7.956$, respectively). Nevertheless, the t-test results indicated that these differences did not attain statistical significance (anxiety: $t = 0.426$, $p = 0.672$; depression: $t = 0.553$, $p = 0.583$), suggesting that the observed differences may be attributable to chance rather than a systematic effect. This lack of significance may be attributed to several factors, including the small effect size, which may have limited the power to detect significant differences between the groups. Additionally, the similarity in work environment and stressors faced by both male and female correctional officers may contribute to the comparable levels of anxiety and depression observed in both groups. The correctional setting, characterized by high levels of stress, trauma, and pressure, may exert a uniform impact on individuals regardless of gender, leading to similar psychological outcomes. Furthermore, the similarity in anxiety and depression levels between the two groups may also suggest that both males and females are equally affected by the stressors and demands of working in a correctional setting, highlighting the need for organizational-level interventions to mitigate the psychological impact of working in this environment.

Male correctional officers reported higher levels of physical aggression ($M = 19.00$, $SD = 6.164$) and verbal aggression ($M = 12.33$, $SD = 4.567$) compared to female correctional officers ($M = 17.28$, $SD = 5.443$ and $M = 10.20$, $SD = 5.369$, respectively). These findings suggest that male correctional officers may be more prone to aggressive behavior, potentially as a means of coping with stress, managing difficult situations, or asserting authority. The higher levels of aggression among males may be attributed to traditional masculine norms and expectations, which often emphasize assertiveness, dominance, and physical strength. Additionally, the correctional environment, characterized by high levels of stress, trauma, and violence, may exacerbate aggressive tendencies in males. The presence of aggression in correctional officers can have significant implications for workplace dynamics, inmate relationships, and overall job performance.

The findings highlight the pivotal role of organizational culture and systemic factors in influencing psychological outcomes for correctional officers, suggesting that these elements may carry more weight than individual differences such as gender. This perspective underscores the need for interventions that address shared challenges within the profession rather than focusing on specific demographic differences. High-stress job demands, such as exposure to violence, unpredictability, and long working hours, along with aspects of organizational culture like leadership, peer support, and communication, significantly contribute to stress and burnout. Effective strategies to mitigate these issues include providing confidential counseling services, offering resilience training, fostering peer support networks, reforming policies related to workload and scheduling, and establishing organizational feedback mechanisms to ensure employees feel heard and valued. By acknowledging the universal stressors faced by correctional staff, organizations can create inclusive and equitable mental health initiatives that promote well-being, job satisfaction, and resilience across the workforce. A supportive environment not only benefits employees but also enhances organizational efficiency and safety.

The findings from the Draw-A-Person test offer a nuanced exploration of the psychological profiles of male and female correctional officers, shedding light on intricate patterns of emotional and psychological functioning. Female officers, in particular, displayed evidence of emotional struggles, interpersonal challenges, and internal conflicts. These patterns are likely influenced by the dual pressures of working within a male-dominated professional landscape and managing the complexities of volatile inmate populations. The test results further highlighted the use of defense mechanisms, such as repression and externalized aggression, suggesting that these officers employ specific coping strategies to maintain emotional equilibrium in a high-stress work environment.

The presence of defense mechanisms, such as repression and externalized aggression, in the psychological profiles of female correctional officers suggests that these individuals may utilize specific coping strategies to mitigate the impact of stress and manage their emotions in a high-pressure work environment. Repression, as a defense mechanism, may enable female officers to unconsciously suppress distressing emotions or memories, thereby maintaining emotional equilibrium and facilitating functional coping in the short-term. Externalized aggression, on the other hand, may serve as a maladaptive coping strategy, allowing female officers to redirect pent-up emotions or frustrations towards external sources, potentially as a means of releasing tension. The employment of these defense mechanisms may be attributed to the unique stressors and demands of working in corrections, including exposure to trauma, violence, and high levels of stress, which can overwhelm an individual's coping resources. Furthermore, the use of defense mechanisms may also be influenced by societal expectations and gender roles, which can shape the way female officers express and manage their emotions in the workplace. By understanding the defense mechanisms employed by female correctional officers, organizations can develop targeted interventions and support services that address the specific emotional and psychological needs of these individuals, promoting more effective coping strategies and enhancing overall well-being.

The psychological profiles of female correctional officers, as revealed through the Draw-A-Person test, illustrate a multifaceted interplay of emotional, psychological, and relational dynamics. These profiles highlight signs of emotional struggles, such as anxiety, self-consciousness, and insecurity, which can undermine their overall well-being and job performance.

Furthermore, interpersonal difficulties—marked by challenges in establishing connections, tendencies toward rejection, and defensive behaviors—suggest obstacles in maintaining healthy relationships with colleagues, inmates, or family members, which may further exacerbate feelings of isolation and stress.

The presence of internal conflicts, including rebellion against societal expectations, gender role discord, and identification struggles, reflects deeper challenges related to identity and self-perception. These conflicts may influence job satisfaction and the ability to cope with the pressures of a demanding work environment. Female officers often navigate these stressors through defense mechanisms such as repression, denial, and projection; however, these strategies may offer only temporary relief while leaving underlying issues unaddressed. Emotional fixation, immaturity, and regression indicate developmental challenges that may hinder their ability to effectively manage stress, relationships, and occupational demands. Furthermore, indicators of sexual preoccupation, guilt, and conflict suggest unresolved matters surrounding their sexuality, which could create additional layers of psychological strain in both their personal and professional lives.

These findings underscore the imperative for tailored interventions and support services that cater specifically to the unique emotional, psychological, and relational needs of female correctional officers. Dedicated counseling programs can provide a structured space for addressing deeply rooted emotional struggles and developing healthier coping strategies. Psychoeducational workshops focused on stress management, emotional resilience, and self-development can empower officers to overcome challenges related to interpersonal relationships and internal conflicts. Establishing peer support networks designed to foster camaraderie and shared understanding could alleviate feelings of isolation, enhancing relational dynamics within the workplace.

Additionally, organizations should implement policies that promote inclusivity, gender equity, and mental health awareness, creating an environment where officers feel valued and supported regardless of gender. Providing opportunities for leadership development and role-specific training can further empower female officers to navigate the pressures of their professional roles confidently. By addressing these complex psychological profiles with a multifaceted approach, correctional institutions can promote the overall well-being, job satisfaction, and resilience of their staff, fostering a healthier and more effective workforce

The psychological profiles of male correctional officers revealed evidence of insecurity, inadequacy, and defensiveness, which may be attributed to the pressures of adhering to traditional masculine norms and expectations within the correctional environment. The need to conform to these norms may lead to feelings of inadequacy and insecurity, as male officers may feel compelled to project a stoic and dominant image. Furthermore, the high-pressure nature of correctional work, characterized by exposure to trauma, violence, and stress, may exacerbate these feelings, contributing to a sense of vulnerability and defensiveness. The presence of externalized aggression and latent aggression in male officers suggests that they may struggle with managing stress and emotions, potentially leading to aggressive behavior as a means of coping with pent-up emotions or frustrations. This aggression may be directed towards colleagues, inmates, or even themselves, highlighting the need for targeted interventions and support services that address the specific emotional and psychological needs of male correctional officers.

By acknowledging the complex interplay between masculinity, stress, and aggression, organizations can develop more effective strategies to promote emotional regulation, well-being, and job satisfaction among male correctional officers.

The psychological profiles of male correctional officers, as revealed through the Draw-A-Person test, present a complex and multifaceted picture, characterized by various themes and trends. Notably, these individuals exhibit signs of insecurity and inadequacy, often compensated by inflated self-esteem, grandiosity, or narcissistic tendencies, suggesting a deep-seated need to project a stoic and dominant image. The presence of defensiveness, externalized aggression, and latent aggression indicates that male officers may struggle with managing stress, emotions, and conflicts, potentially leading to aggressive behavior as a means of coping with pent-up emotions or frustrations. Furthermore, signs of sexual preoccupation, voyeuristic tendencies, and anxiety over sensual needs suggest unresolved issues related to their sexuality, which could impact their personal and professional relationships. The findings also highlight the prevalence of anxiety, characterized by fears of losing control, hypervigilance, and work-related stress, which may be attributed to the high-pressure nature of correctional work. Additionally, indicators of emotional fixation, regression, and infantilism imply that some individuals may struggle with psychological development, potentially affecting their ability to manage stress and relationships effectively. The presence of interpersonal difficulties, including contact difficulties, rejection, and dependency, suggests challenges in forming and maintaining healthy relationships, which may impact their interactions with colleagues, inmates, or family members. Moreover, the finding of phallic stage fixation in male correctional officers could suggest that some individuals in this profession may have unresolved conflicts or unconscious desires related to power, control, and masculinity, potentially influencing their behavior and interactions in the workplace. These findings underscore the need for targeted support services and interventions that address the specific emotional, psychological, and relational needs of male correctional officers, promoting more effective coping strategies, enhancing overall well-being, and fostering a more supportive work environment.

Additionally, the findings reveal signs of sexual preoccupation, voyeuristic tendencies, and anxiety surrounding sensual needs, which may point to unresolved issues related to sexuality. These challenges could have significant implications for both personal and professional relationships, potentially exacerbating relational difficulties. Anxiety, characterized by fears of losing control, hypervigilance, and work-related stress, emerges as a prevalent theme, reflecting the psychological toll of working in a high-stakes environment. Indicators of emotional fixation, regression, and infantilism suggest developmental challenges that may hinder effective stress management and relational functioning.

Interpersonal difficulties, including tendencies toward rejection, dependency, and contact challenges, further complicate the ability of male officers to form and maintain healthy relationships with colleagues, inmates, or family members. Moreover, the presence of phallic stage fixation in some individuals suggests unresolved conflicts or unconscious desires related to power, control, and masculinity. These dynamics may influence their behavior and interactions within the workplace, potentially shaping their approach to authority and interpersonal engagement.

These findings underscore the critical need for targeted interventions and support services tailored to the unique emotional, psychological, and relational needs of male correctional officers.

Dedicated counseling programs can provide a structured framework for addressing deep-seated insecurities, aggression, and relational challenges, while psychoeducational workshops focused on stress management and emotional resilience can empower officers to develop healthier coping mechanisms. Peer support networks and group therapy sessions can foster a sense of camaraderie and mutual understanding, alleviating feelings of isolation and promoting relational growth.

Furthermore, organizational policies that prioritize mental health awareness, inclusivity, and professional development can create a supportive environment that values the well-being of correctional staff. Leadership training and role-specific workshops can equip male officers with the tools to navigate the complexities of their roles confidently and effectively. By addressing these psychological profiles through a comprehensive and multifaceted approach, correctional institutions can enhance the overall well-being, job satisfaction, and resilience of their workforce, fostering a healthier and more effective organizational culture.

These insights emphasize the critical need to address the inter-sectionality of gender, occupational demands, and psychological functioning in correctional settings. Tailored support services and interventions are paramount to ensure female correctional officers receive the resources and assistance necessary to navigate their unique challenges. Gender-sensitive counseling programs could provide a targeted space for processing emotional difficulties and interpersonal dynamics. Additionally, stress management workshops tailored to correctional environments can equip officers with healthier coping mechanisms, reducing reliance on defense-oriented behaviors.

Establishing peer support groups could foster solidarity, allowing officers to share their experiences and collectively address shared struggles. Leadership and confidence-building initiatives, designed specifically for female officers, would empower them to thrive within male-dominated work settings. Furthermore, organizational policies that promote inclusivity and well-being could enhance both individual and group resilience, creating a supportive workplace culture.

The findings underline the importance of integrating psychological assessment tools like the Draw-A-Person test into broader organizational strategies. This approach enables a deeper understanding of officers' emotional and psychological landscapes, paving the way for impactful and inclusive mental health initiatives that uplift correctional staff holistically.

The demanding nature of correctional work necessitates the presence of a mental health counselor to support officers in managing the psychological stress and challenges inherent to their roles. A counselor provides essential mental health interventions, equipping officers with effective coping mechanisms and resilience-building strategies. By addressing the emotional toll of constant exposure to trauma, conflict, and high-pressure situations, counselors play a vital role in fostering emotional well-being and promoting job satisfaction among correctional staff.

Moreover, the counselor acts as a critical bridge between officers and the organization, offering a safe and confidential space for officers to process their experiences without fear of judgment. They can identify and address early signs of burnout, compassion fatigue, or other mental health concerns, preventing long-term consequences for individuals and the workforce as a whole.

Counselors also facilitate group sessions and peer support programs, fostering a sense of solidarity and mutual understanding within the team. Their interventions contribute to reducing stigma around mental health, encouraging officers to seek help when needed. Beyond individual support, counselors collaborate with organizational leaders to develop policies and programs that enhance workplace culture, ensuring a holistic approach to the mental health and well-being of correctional staff.

In essence, the role of a mental health counselor is indispensable, as they not only help officers navigate the psychological demands of their profession but also contribute to creating a healthier, more supportive work environment. This investment in mental health services ultimately leads to a more resilient, motivated, and cohesive workforce.

SUMMARY:

This investigation into the psychological dynamics of correctional officers revealed intriguing insights into the mental health profiles of male and female professionals in this demanding field, focusing on anxiety, depression, aggression orientation, and personality traits. The findings revealed no statistically significant differences between the two groups, suggesting that both male and female officers experience similar psychological challenges and stressors, potentially due to the uniform impact of the work environment. Descriptive statistics showed marginal differences in anxiety and depression levels, with males reporting higher levels, but these differences were not statistically significant. The study also explored aggression orientation, with males reporting higher levels of physical and verbal aggression. The Draw-A-Person test revealed complex psychological profiles for both male and female officers, highlighting signs of emotional struggles, interpersonal difficulties, and internal conflicts. The findings underscore the importance of considering organizational and environmental factors that contribute to psychological distress among correctional officers, rather than solely focusing on individual-level factors. The study suggests that tailored interventions and support services, such as counseling programs, stress management workshops, and peer support networks, are necessary to address the unique emotional, psychological, and relational needs of correctional officers, promoting overall well-being and job satisfaction.

CHAPTER 6: CONCLUSION

This study offers a detailed and insightful examination of the psychological profiles of male and female correctional officers, revealing intricate connections between anxiety, depression, aggression, and other psychological variables. It underscores the necessity of developing tailored support services and interventions to address the distinct emotional, psychological, and relational challenges faced by correctional officers. Such measures can help promote more effective coping strategies, improve overall mental health and well-being, and create a more supportive workplace environment. By delving into the complex psychological dynamics inherent in correctional settings, the study contributes to the advancement of evidence-based practices that can guide organizational policies and procedures, ultimately fostering enhanced job satisfaction and mental health for correctional staff.

The significance of this study lies in its ability to inform strategies aimed at protecting and improving the mental health of correctional officers—a group frequently exposed to significant stress and trauma. The findings offer practical applications, including the development of targeted training programs designed to equip officers with effective stress management techniques, the introduction of comprehensive wellness initiatives to mitigate psychological risks, and the implementation of employee assistance programs for ongoing support. The study also emphasizes the importance of longitudinal research to further explore the impact of tailored interventions on officer well-being and job satisfaction over time.

Furthermore, the study deepens our understanding of the psychological challenges correctional officers face and the critical role of organizational factors in exacerbating or alleviating these challenges. By investigating the interplay of gender, work environment, and psychological functioning, the study provides valuable insights that can inform more inclusive and effective strategies for supporting correctional staff. Ultimately, this research contributes to the development of evidence-based practices that not only promote resilience and mental health within the workforce but also enhance the overall quality and efficiency of correctional services.

With these findings, organizations can take proactive steps to prioritize the well-being of correctional officers, ensuring they are equipped to navigate the demands of their profession effectively and sustainably.

CHAPTER 7: LIMITATIONS

This study has several limitations that should be acknowledged.

7.1 The geographical location of the study was limited to Kolkata, which may restrict the generalizability of the findings to other regions or populations. The results may not be representative of individuals from diverse cultural, socio-economic, or environmental backgrounds.

7.2 The study was conducted within a limited timeframe, which imposed constraints on the scope and depth of the research. A longer study period may have allowed for more comprehensive data collection and analysis.

7.3 Bureaucratic limitations posed significant challenges to the study. Obtaining permission to conduct the research was a lengthy and arduous process, and the approval was granted for a very short period, which further constrained the data collection process. This may have impacted the quality and quantity of the data collected.

7.4 The sample size of the study was small, which may limit the statistical power and accuracy of the findings. A larger sample size would have provided more robust results and increased the reliability of the conclusions drawn.

7.5 The study's reliance on a specific sample or population may limit the applicability of the findings to other groups. Future studies could benefit from a more diverse sample, a longer study period, and a larger sample size to increase the validity, generalizability, and reliability of the results.

7.6 The study relied heavily on self-report measures, which may be subject to biases and limitations, such as social desirability bias or respondent fatigue. Future studies could benefit from incorporating more objective measures or multiple data sources to validate the findings.

7.7 The study had limited control over extraneous variables that may have influenced the results, such as environmental or situational factors that could have affected participant responses. These uncontrolled variables may have impacted the validity and reliability of the findings.

7.8 The research design itself had certain limitations, such as the specific methodology and sampling strategy employed, which may have influenced the results. Alternative designs or approaches may have yielded different insights or conclusions.

CHAPTER 8: IMPLICATIONS

The findings of this study have several implications for the field of corrections and mental health. The lack of significant differences in aggression orientation, anxiety, and depression between female and male correctional officers suggests that both genders may face similar challenges and stressors in the jail environment. This highlights the need for mental health support services that cater to the unique needs of correctional officers, regardless of gender.

8.1 Practical Implications:

The study's findings suggest that correctional officers, as a whole, exhibit high levels of aggression, which may impact their well-being and job performance. This highlights the urgent need for mental health counselors in jail settings to provide support services to officers. Providing access to mental health professionals could help officers manage stress, anxiety, and aggression, ultimately improving their overall well-being and job performance.

8.2 Policy Implications:

The study's findings emphasize the need for better policies and support systems for correctional officers. Specifically, policies that prioritize the mental health and well-being of officers, such as providing regular mental health check-ups, stress management training, and access to counseling services, could help mitigate the negative effects of working in a high-stress environment.

8.3 Recommendations:

Based on the study's findings, the following recommendations are made:

- Jail administrators should prioritize the mental health and well-being of correctional officers by providing access to mental health counselors and support services.

- Policies and procedures should be developed to promote a healthy work environment and reduce stress and aggression among officers.

- Further research should be conducted to better understand the unique challenges and stressors faced by correctional officers and to develop effective interventions to support their mental health and well-being.

- To alleviate workload-related stress, jail administrators should consider employing more staff to ensure a manageable workload and prevent burnout.

8.4 Future Research Directions:

The study's findings highlight the need for further research on the mental health and well-being of correctional officers. Future studies could investigate the effectiveness of mental health interventions and support services for correctional officers, as well as explore the impact of organizational and environmental factors on officer well-being.

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APPENDIX

INFORMED CONSENT FORM

Title of the Research: *"Assessing the Psychological Profile of Jail Workers: A Comparative Study on Anxiety, Depression, Aggression Orientation, and Personality Traits among Male and Female Correctional Officers* ".

Researcher: Nishita Kowndinya, 4th semester, Department of Psychology

Supervisor: Ms. Debangana Bhattacharya, Assistant Professor (Dept. of Psychology, Sister Nivedita University)

I, Nishita Kowndinya, a final-year student of MSc in Applied Psychology, Department of Psychology, Sister Nivedita University, am conducting this study as part of my dissertation project. The purpose of this study is to explore the psychological profile of jail workers, focusing on empathy, aggression, creative expression, and anxiety.

You are being invited to participate in this study because of your role as a jail worker. Your participation will involve completing a set of standardized questionnaires and possibly engaging in a brief interview. I am legally bound to maintain the confidentiality of all participants. Your identity will not be revealed in any way, and all data collected will be stored securely and anonymously. You will be assigned a unique code to ensure your responses remain confidential. Your participation in this study is entirely voluntary. You are free to withdraw from the study at any time without penalty or consequence. Please note that withdrawing from the study will not affect your employment or relationship with the correctional institution. The benefits of participating in this study include contributing to a better understanding of the psychological profile of jail workers, which may inform strategies for promoting their mental health and well-being. There are no anticipated risks associated with participating in this study. If you have any questions or concerns about this study, please do not hesitate to contact me. I am committed to addressing all queries and ensuring that you are comfortable with the research process.

By signing below, I confirm that:

1. I have read and understood the information provided about this study.

2. I am aware that my participation is voluntary and that I can withdraw at any time.

3. I understand that my identity will be kept confidential and that all data collected will be stored securely and anonymously.

4. I am willing to participate in this study.

Signature of the Participant (initials will do) Signature of Researcher

Date: _____ Date: _____

Socio-Demographic Details

□ Age:

□ Sex: Male Female Trans/Others

□ Residence: Urban / Rural/ Suburban

□ Address:

□ Mother Tongue:

□ Education Qualification:

□ Occupation:

□ Marital Status: Married / Single / In a relationship / Divorced

□ Religion:

□ Family Type: Joint/ Nuclear/ Extended / Broken

□ Number of family Members:

□ Family Income:

□ Number of Sibling:

□ Mother's Education:

□ Mother's occupation:

□Father's Education:

□Father's occupation:

□ History of any physical illness (if **YES,** please mention specifically):

□ History of any Psychiatric illness (if **YES,** please mention specifically):

□ Family history of any Psychiatric illness/ Intellectual Disability/ Substance abuse/ others (if **YES,** please mention specifically)

Beck's Anxiety Inventory

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each other.

	Not at all	Mildly, but it didn't bother much	Moderately- it wasn't pleasant at times	Severely- it bothered me a lot
Numbness or tingling	**0**	**1**	**2**	**3**
Feeling Hot	**0**	**1**	**2**	**3**
Wobbliness in leg	**0**	**1**	**2**	**3**
Unable to relax	**0**	**1**	**2**	**3**
Fear of worst happening	**0**	**1**	**2**	**3**
Dizzy or lightheaded	**0**	**1**	**2**	**3**
Heart pounding/ racing	**0**	**1**	**2**	**3**
Unsteady	**0**	**1**	**2**	**3**
Terrified or afraid	**0**	**1**	**2**	**3**
Nervous	**0**	**1**	**2**	**3**
Feeling of choking	**0**	**1**	**2**	**3**
Hands trembling	**0**	**1**	**2**	**3**
Shaky/ unsteady	**0**	**1**	**2**	**3**
Fear of losing control	**0**	**1**	**2**	**3**
Difficulty in breathing	**0**	**1**	**2**	**3**
Fear of dying	**0**	**1**	**2**	**3**
Scared	**0**	**1**	**2**	**3**
Indigestion	**0**	**1**	**2**	**3**
Faint/Lightheaded	**0**	**1**	**2**	**3**
Face Flushed	**0**	**1**	**2**	**3**
Hot/ Cold sweats	**0**	**1**	**2**	**3**

Beck's Depression Inventory

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statement carefully, and then pick out the one statement I n each group that best describes the way you have been feeling during the past two weeks, including today. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness
0 I do not feel sad.
1 I feel sad much of the time.
2 I am sad all the time
3 I am so sad or unhappy that I can't stand it.

2. Pessimism
0 I am not discouraged about mu future.
1 I feel more discouraged about my future than I used to be.
2 I do not except things to work out for me.
3 I feel my future is hopeless and will only get worse.

3. Past Failure
0 I do not feel like a failure.
1 I have failed more than I should have.
2 As I look back, I see a lot of failures.
3 I feel I am a total failure as a person.

4. Loss of Pleasure
0 I get as much pleasure as I ever did from the things I enjoy.
1 I don't enjoy things as much as I used to.
2 I get very little pleasure from the things I used to enjoy.
3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings
0 I don't feel particularly guilty.
1 I feel guilty over many things I have done or should have done.
2 I feel quite guilty most of the time.
3 I feel guilty most of the time.

6. Agitation
0 I am no more restless or wound up than usual.
1 I feel more restless or wound up than usual.
2 I am so restless or agitated that it's hard to stay still.
3 I am so restless or agitated that I have to keep moving or doing something.

7. Loss of Interest
0 I have not lost interest in other people or activities.
1 I am less interested in other people or things than before.
2 I have lost most of my interest in other people and things.
3 It's hard to get interested in anything.

8. Indecisiveness
0 I make decisions about as well as ever.
1 I find it more difficult to make decisions than usual.
2 I have much greater difficulty in making decisions than I used to.
3 I have trouble making any decisions.

9. Worthlessness
0 I do not feel I am worthless.
1 I don't consider myself as worthwhile and useful as I used to.
2 I feel more worthless as compared to other people.
3 I feel utterly worthless.

10. Loss of Energy
0 I have as much energy as ever.
1 I have less energy than I used to have.
2 I don't have enough energy to do very much.
3 I don't have enough energy to do anything.

11. Changes in Sleeping Pattern
0 I have not experienced any change in any sleeping pattern.
1 a. I sleep somewhat more than usual.
1 b. I sleep somewhat less than usual
2 a. I sleep a lot more than usual.
2 b. I sleep a lot less than usual.
3 a. I sleep most of the day.
4 b. I wake up 1-2 hours early and can't get back to sleep.

12. Punishment Feelings
0 I don't feel I am being punished.
1 I feel I may be punished.
2 I except to be punished.
3 I feel I am being punished.

13. Self-Dislike
0 I feel the same about myself as ever.
1 I have lost confidence in myself.
2 I am disappointed in myself.
3 I dislike myself.

14. Self- Criticalness
0 I don't criticize or blame myself more than usual.
1 I am more critical of myself than I used to be.
2 I criticize myself for all of my faults.
3 I blame myself for everything bad that happens.

15. Suicidal Thoughts or Wishes
0 I don't have any thoughts of killings myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

16. Crying
0 I don't cry any more than I used to.
1 I cry more than I used to.
2 I cry over every little thing.
3 I feel like crying but I can't.

17. Irritability
0 I am no more irritable than usual.
1 I am more irritable than usual.
2 I am much more irritable than usual.
3 I am irritable all the time.

18. Changes in Appetite
0 I have not experienced any change in my appetite.
1 a. My appetite is somewhat less than usual.
1 b. My appetite is somewhat greater than usual.
2 a. My appetite is much less than before.
2 b. My appetite is much greater than usual.
3 a. I have no appetite at all.
3 b. I crave food all the time.

19. Concentration Difficulty
0 I can concentrate as well as ever.
1 I can't concentrate as well as usual.
2 It's hard to keep my mind on anything for very long.
3 I find I can't concentrate on anything.

20. Tiredness or Fatigue
0 I am no more tired of fatigued than usual.
1 I get more tired or fatigued more easily than usual.
2 I am too tired or fatigued to do a lot of the things I used to do.
3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex
0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I am much less interested in sex now.
3 I have lost interest in sex completely

Buss and Perry Aggression Questionnaire

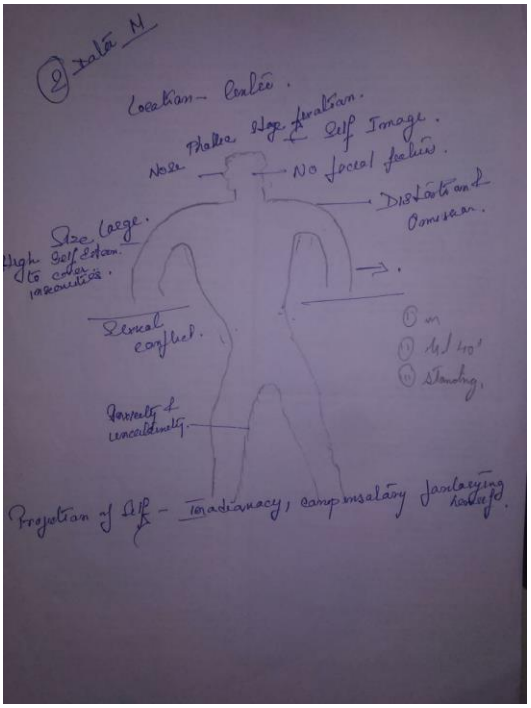
Instructions: Using the 5-point scale below, indicate how uncharacteristic or characteristic each of the following statements is in describing you.

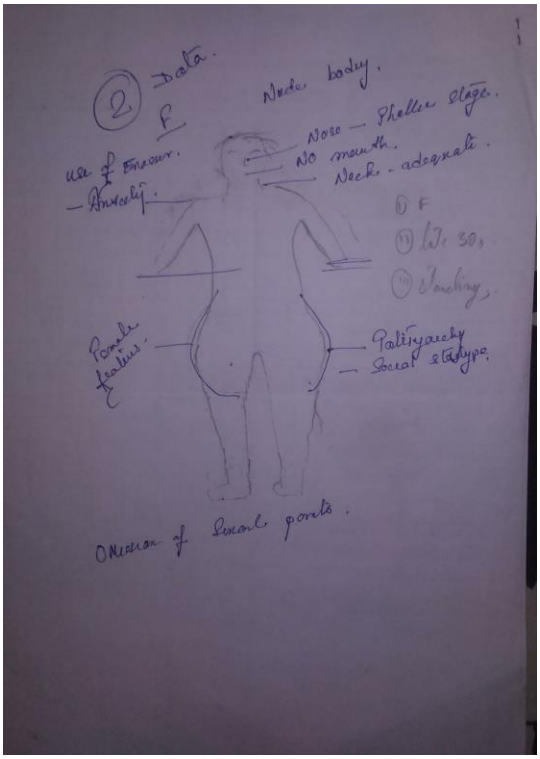
	Extremely Uncharacteristic	Somewhat Uncharacteristic	Neither Uncharacteristic nor Characteristic	Somewhat characteristic	Extremely characteristic
1. Some of my friends think that I am hothead.	**1**	**2**	**3**	**4**	**5**
2. If I have to resort to violence to protect my rights, I will.	**1**	**2**	**3**	**4**	**5**
3. When people are especially nice to me, I wonder what they want.	**1**	**2**	**3**	**4**	**5**
4. I tell my friends openly when I disagree with them.	**1**	**2**	**3**	**4**	**5**
5. I have become so mad that I have broken things.	**1**	**2**	**3**	**4**	**5**
6. I can't help getting into arguments when people disagree with me.	**1**	**2**	**3**	**4**	**5**
7. I wonder why sometimes I feel so bitter about things.	**1**	**2**	**3**	**4**	**5**
8. Once in a while, I can't control the urge to strike another person.	**1**	**2**	**3**	**4**	**5**
9. I am an even-tempered person.	**1**	**2**	**3**	**4**	**5**
10. I am suspicious of overly friendly strangers.	**1**	**2**	**3**	**4**	**5**
11. I have threatened people I know.	**1**	**2**	**3**	**4**	**5**
12. I flare up quickly but get over it quickly.	**1**	**2**	**3**	**4**	**5**
13. Given enough provocation, I may hit another person.	**1**	**2**	**3**	**4**	**5**
14. When people annoy me, I may tell them what I think of them.	**1**	**2**	**3**	**4**	**5**
15. I am sometimes eaten up with jealousy.	**1**	**2**	**3**	**4**	**5**
16. I can think of no-good reason for ever hitting a person.	**1**	**2**	**3**	**4**	**5**
17. At times I feel that I have gotten a raw deal out of life.	**1**	**2**	**3**	**4**	**5**
18. I have trouble controlling my temper.	**1**	**2**	**3**	**4**	**5**
19. When frustrated, I let my irritation show.	**1**	**2**	**3**	**4**	**5**
20. I sometime feel that people are laughing at me behind my back.	**1**	**2**	**3**	**4**	**5**
21. I often find myself disagreeing with people.	**1**	**2**	**3**	**4**	**5**
22. If somebody hits me, I hit back.	**1**	**2**	**3**	**4**	**5**
23. I sometimes feel like a power keg ready to explode.	**1**	**2**	**3**	**4**	**5**
24. Other people always seem to get the breaks.	**1**	**2**	**3**	**4**	**5**
25. There are people who pushed me so far that we came to blows.	**1**	**2**	**3**	**4**	**5**
26. I know that "friends" talk about me behind my back.	**1**	**2**	**3**	**4**	**5**
27. My friends say that I am somewhat argumentative.	**1**	**2**	**3**	**4**	**5**
28. Sometimes I fly off the handle for no good reason.	**1**	**2**	**3**	**4**	**5**
29. I get into fights a little more than the average person.	**1**	**2**	**3**	**4**	**5**

DAP Responses:

Male responses-

1.





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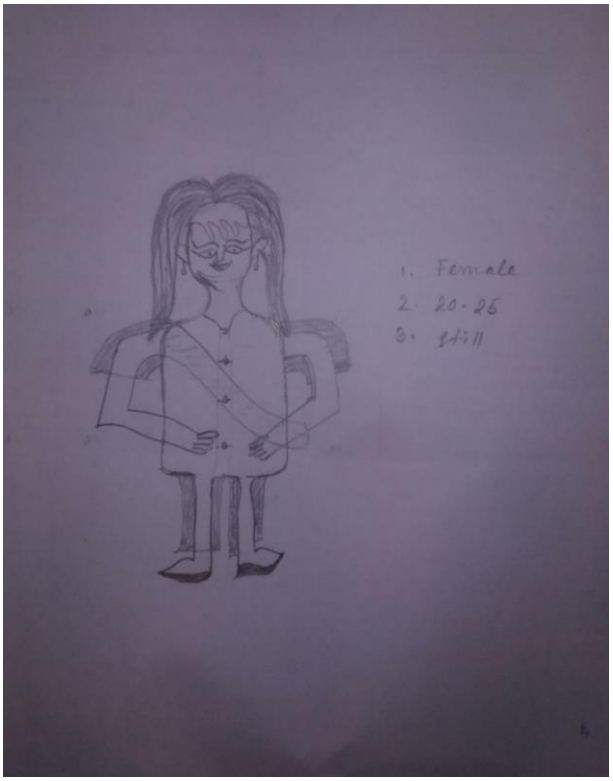

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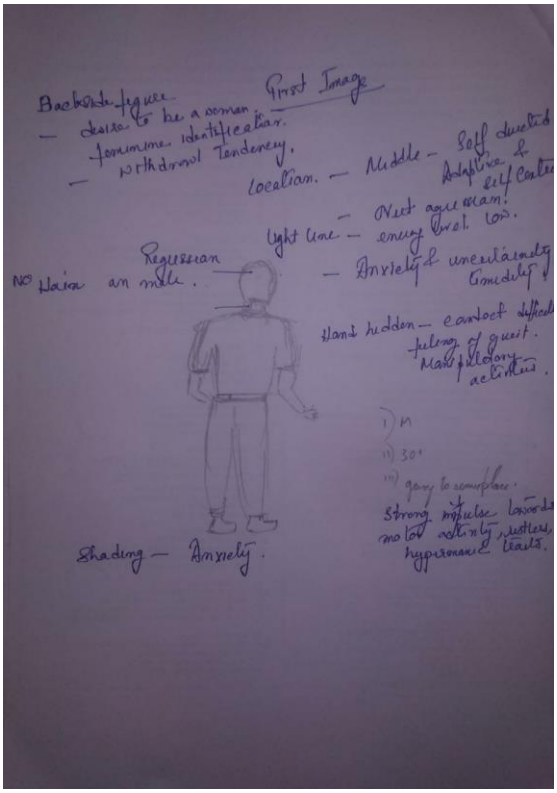
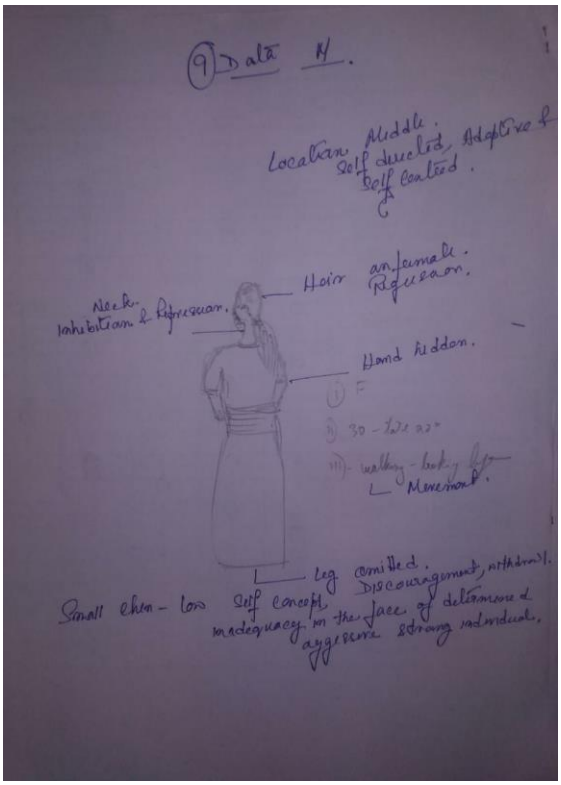
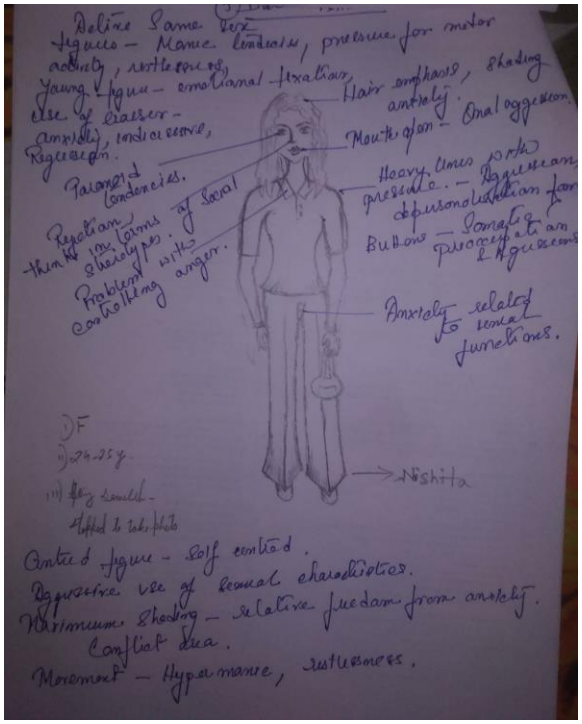

Backside figure
First Image
— desire to be a woman
feminine identification.
— withdrawal Tendency.
Localian. — Middle — Self directed
Adaptive &
self control
Light line — Direct aggression.
— envy prot. tow.
Regression
No Hair on male.
— Anxiety & uncertainty
Hand hidden — contact difficult
feeling of guilt.
Maladaptive
activities.
i) M
ii) 30°
iii) going to someplace.
Strong impulse towards
motor activity restless
hyperactive traits.
Shading — Anxiety.

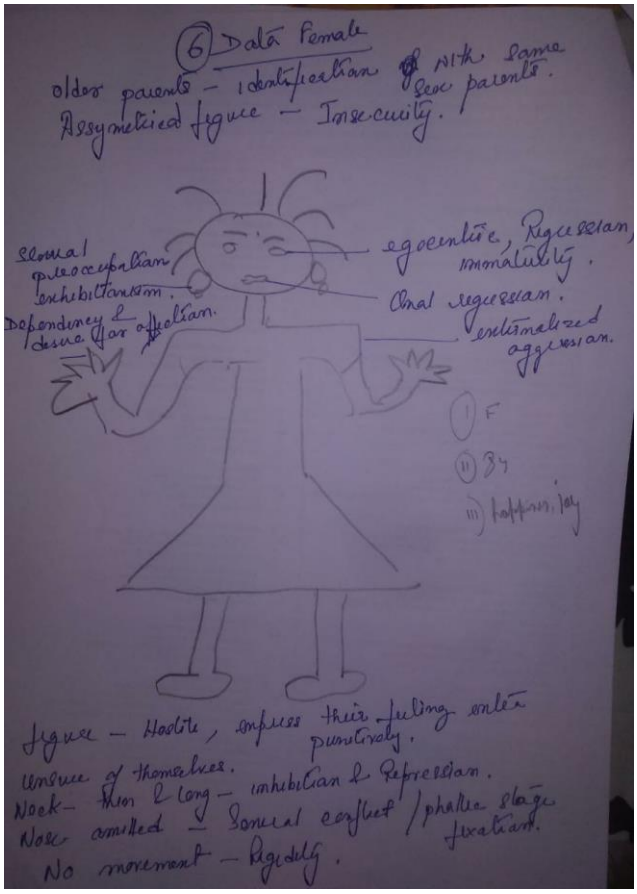

(9) Data N.
Localian. Middle.
Self directed, Adaptive &
Self Control.
Neck
Inhibition & Repression.
Hair on female.
Regression.
Hand hidden.
i) F
ii) 30 - 40 age
iii) walking - back of leg
Movement.
Leg omitted.
Small chest - low self concept, Discouragement, withdrawal.
inadequacy in the face of determined
aggressive strong individuals.

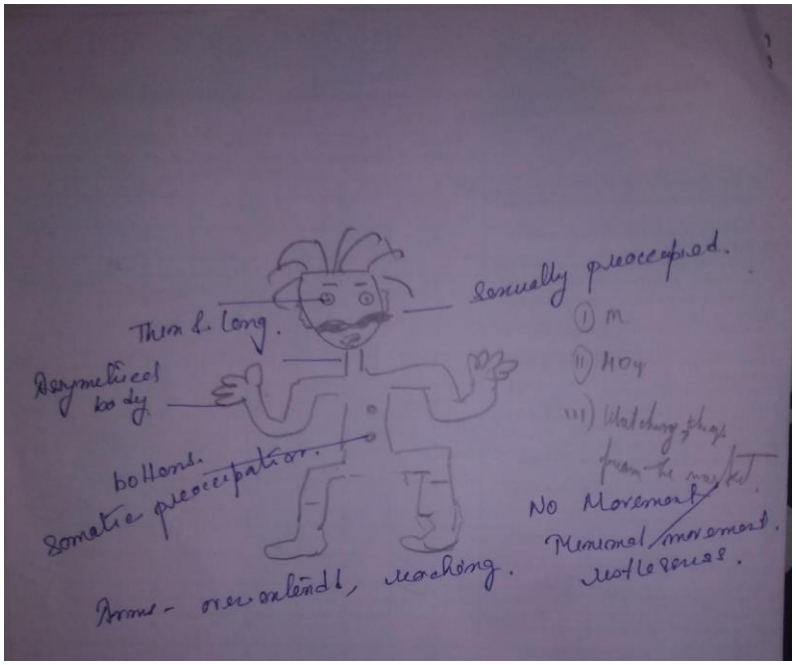
Female Responses:

1.

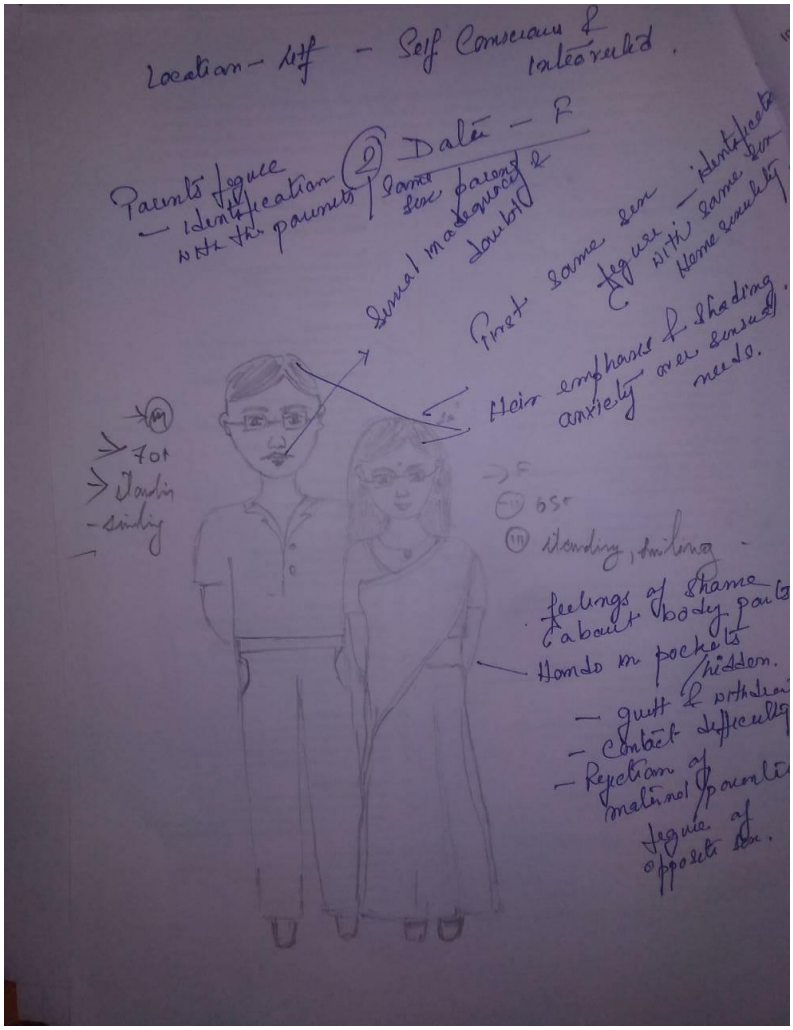


2.


6 Data Female
older parents – identification with same sex parents.
Assymetrical figure – Insecurity.
Sexual preoccupation
exhibitionism.
Dependency & desire for affection.
egocentric, Regression, immaturity.
Anal regression.
externalized aggression.
I F
II 3y
III happiness, joy
figure – Hostile, impress their feeling onto punitively.
unsure of themselves.
Neck – thin & long – inhibition & Repression.
Nose omitted – Sexual conflict / phallic stage fixation.
No movement – Rigidity.


Thin & long.
Sexually preoccupied.
I M
II 10y
III Watching things from the margin.
Assymetrical body
bothered.
Somatic preoccupation.
No Movement
Minimal movement.
restlessness.
Arms – over extended, reaching.

3.


Location - Self Conscious & Interested.
Dale - F
Parents figure - identification with the parents
Same sex, parents & sexual maturity & doubtful
First same sex figure - identifies with same sex Home sexuality
Hair emphasis & shading anxiety over sensual needs.
Feelings of shame about body parts
Hands in pockets hidden.
- guilt & withdrawal
- Conflict difficulty
- Rejection of maternal parents figure of opposite sex.